

<i>SERFF Tracking Number:</i>	<i>ONFS-127140965</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio National Life Assurance Corporation</i>	<i>State Tracking Number:</i>	<i>48910</i>
<i>Company Tracking Number:</i>	<i>FORM 11DI-1, ET AL</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups</i>
<i>Product Name:</i>	<i>2011 Disability Income</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Ohio National Life Assurance Corporation

Product Name: 2011 Disability Income	SERFF Tr Num: ONFS-127140965	State: Arkansas
TOI: H111 Individual Health - Disability Income	SERFF Status: Closed-Approved-Closed	State Tr Num: 48910

Sub-TOI: H111.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups	Co Tr Num: FORM 11DI-1, ET AL	State Status: Approved-Closed
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Filing Type: Form/Rate	Reviewer(s): Rosalind Minor
Authors: Doris Jackson, Noreen Luptowski, ALMI, ACS, Peggy Johnson	Disposition Date: 06/23/2011
Date Submitted: 05/26/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval	Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: This filing was submitted to Ohio, our domiciliary state, on 4/29/2011. Forms filed in Ohio are deemed approved 30 days after the filing is received, in accordance with Ohio Rev. Code Section 395.14.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 06/23/2011
	State Status Changed: 06/23/2011
Deemer Date:	Created By: Angelea Underwood
Submitted By: Doris Jackson	Corresponding Filing Tracking Number:

SERFF Tracking Number: ONFS-127140965 State: Arkansas
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Filing Description:

FORM NO. FORM NAME

Form 11DI-1 Disability Income Policy (4M & 5M)

Form 1101.1 Outline of Coverage

Form 1101.2 Outline of Coverage

Form 6465-AR Application

Form 11DCL-1 Cost of Living Rider

Form 11DGP-1 Guarantee of Physical Insurability Rider

Form 11DSI-1 Social Insurance Supplement Rider

Form 11DMD-2 Managerial Duties Endorsement

The enclosed Disability Income Policy, Riders , Endorsement and related Outlines of Coverage are submitted for your review and approval. These forms are new and do not replace any existing Disability Income forms.

Policy Form 11DI-1 is a NonCancellable and Guaranteed Renewable Disability Income policy available to occupational classes 4M and 5M. Forms 1101.1 and 1101.2 are the related Outlines of Coverage.

Form 6465-AR is the application form that will be used in applying for coverage. The form is new and intended to replace previously approved application Form 6601-AR, approved for use in your state on 4/14/00.

Form 11DCL-1 is a Cost of Living rider. The rider provides for an increase in benefit if the Insured is on claim for at least 12 months. The rider may be added to the policy at any time.

Form 11DGP-1, Guarantee of Physical Insurability rider, allows the Insured to purchase additional coverage without evidence of physical insurability. It is available on all classes and can be added only at time of issue.

Social Insurance Supplement rider, Form 11DSI-1, may be attached to the policy at any time. This rider provides additional benefits if the Insured does not receive other Social Income.

Form 11DMD-2, is a Managerial Duties Endorsement. The endorsement modifies the definition of total disability and is used only in limited situations deemed necessary in underwriting.

Rates and actuarial memoranda are enclosed. The loss ratio for these non-cancelable and guaranteed renewable disability income policies is expected to be at least 50%. The policies are non-participating.

Please feel free to contact me with any additional questions or concerns. I can be reached at 1-800-366-6654, Dept. 7,

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Option 2 (press 7 after the initial greeting, the system does not prompt this), via fax at 1-513-794-4522, or at the e-mail address listed below.

Questions of a technical or actuarial nature should be directed to Kevin Hoch at (513) 794-6284.

Sincerely,

Doris Jackson, FLMI, AIRC, HIA, CCP
 Contract Compliance Regulatory Coordinator
 Contract Implementation Unit/Product Development
 Doris_jackson@ohionational.com

Company and Contact

Filing Contact Information

Doris Jackson, Doris_Jackson@ohionational.com
 One Financial Way 513-794-6440 [Phone]
 Cincinnati, OH 45242 513-794-4522 [FAX]

Filing Company Information

Ohio National Life Assurance Corporation CoCode: 89206 State of Domicile: Ohio
 1 Financial Way Group Code: 704 Company Type: Life and Annuity
 Cincinnati, OH 45242 Group Name: ONFS State ID Number:
 (513) 794-6100 ext. [Phone] FEIN Number: 31-0962495

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 6 = policy, application, 3 riders and an endorsement
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ohio National Life Assurance Corporation	\$300.00	05/26/2011	48092809

SERFF Tracking Number: ONFS-127140965 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/23/2011	06/23/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/15/2011	06/15/2011	Doris Jackson	06/20/2011	06/20/2011

SERFF Tracking Number:	ONFS-127140965	State:	Arkansas
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Disposition

Disposition Date: 06/23/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Ohio National Life Assurance Corporation	%	%	\$		\$	%	%

SERFF Tracking Number: ONFS-127140965 State: Arkansas

Filing Company: Ohio National Life Assurance Corporation State Tracking Number: 48910

Company Tracking Number: FORM 11DI-1, ET AL

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability and Annotated Spec Pages	Approved-Closed	Yes
Supporting Document	Rule and Reg 19 Certification	Approved-Closed	Yes
Form	Disability Income Policy	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Cost of Living Rider	Approved-Closed	Yes
Form	Guarantee of Physical Insurability Rider	Approved-Closed	Yes
Form	Social Insurance Supplement Rider	Approved-Closed	Yes
Form	Managerial Duties Endorsement	Approved-Closed	Yes
Rate	DI-1 Policy Rates	Approved-Closed	Yes
Rate	11DSI-1 Rider Rates	Approved-Closed	Yes
Rate	11DCL-1 & 11DGP-1 Rider Rates	Approved-Closed	Yes

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Product Name: 2011 Disability Income

Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/15/2011
Submitted Date 06/15/2011
Respond By Date
Dear Doris Jackson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Disability Income Policy , Form 11DI-1 (Form)
- Managerial Duties Endorsement, Form 11DMD-2 (Form)

Comment:

The definition of Total Disability under the endorsement for Managerial Duties is limited compared to the definition under the policy. It is stated in the endorsement that if there is a conflict between the terms of the policy and this endorsement, the endorsement controls. The definition under the endorsement seems to be limited and not in compliance with the definition under Rule and Regulation 18, Section 5.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

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Product Name: 2011 Disability Income

Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/20/2011
Submitted Date 06/20/2011

Dear Rosalind Minor,

Comments:

Thank you for your correspondence of June 15th, the following is in response.

Response 1

Comments: You are correct, the endorsement controls.

The endorsement is a clarification of your own occupation when it is a managerial position. It does not conflict with the Rule and Regulation that defines Total Disability. This endorsement will only be used in limited situations when deemed necessary in underwriting.

Related Objection 1

Applies To:

- Disability Income Policy , Form 11DI-1 (Form)
- Managerial Duties Endorsement, Form 11DMD-2 (Form)

Comment:

The definition of Total Disability under the endorsement for Managerial Duties is limited compared to the definition under the policy. It is stated in the endorsement that if there is a conflict between the terms of the policy and this endorsement, the endorsement controls. The definition under the endorsement seems to be limited and not in compliance with the definition under Rule and Regulation 18, Section 5.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number: *ONFS-127140965* *State:* *Arkansas*
Filing Company: *Ohio National Life Assurance Corporation* *State Tracking Number:* *48910*
Company Tracking Number: *FORM 11DI-1, ET AL*
TOI: *H111 Individual Health - Disability Income* *Sub-TOI:* *H111.008 Combined Short Term and Long Term -*
Unrelated to marketing with employer or
association groups

Product Name: *2011 Disability Income*

Project Name/Number: */*

No Rate/Rule Schedule items changed.

Thank you for your assistance with this submission.

Sincerely,

Doris Jackson, Noreen Luptowski, ALMI, ACS, Peggy Johnson

SERFF Tracking Number: ONFS-127140965 State: Arkansas

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Form Schedule

Lead Form Number: Form 11DI-1, ET AL

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/23/2011	Form 11DI-1	Policy/Cont	Disability Income ract/Fratern Policy al Certificate	Initial		56.000	11DI-1.pdf
Approved-Closed 06/23/2011	Form 6465-AR	Application/ Enrollment Form	Application	Initial		50.000	6465-AR.pdf
Approved-Closed 06/23/2011	Form 11DCL-1	Policy/Cont	Cost of Living Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	Form 11DCL-1.pdf
Approved-Closed 06/23/2011	Form 11DGP-1	Policy/Cont	Guarantee of ract/Fratern Physical Insurability al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	Form 11DGP-1.pdf
Approved-Closed 06/23/2011	Form 11DSI-1	Policy/Cont	Social Insurance ract/Fratern Supplement Rider al Certificate:	Initial		55.000	Form 11DSI-1.pdf

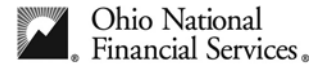
SERFF Tracking Number:	ONFS-127140965	State:	Arkansas
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Project Name/Number: /
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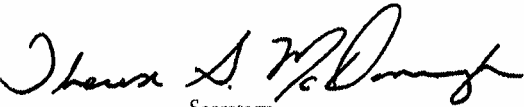
Approved- Form	Policy/Cont Managerial Duties	Initial	50.000	Form 11DMD-
Closed 11DMD-2	ract/Fratern Endorsement			2.pdf
06/23/2011	al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			

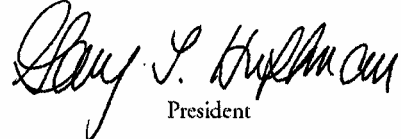
Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of the initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected.

Our Home Office is at One Financial Way, Cincinnati, Ohio 45242.


Secretary


President

20 Day Right to Examine the Policy: You have a right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

Noncancellable and Guaranteed Renewable to the Expiration Date: You can renew this policy each Policy Year until the Expiration Date. During this time, we cannot cancel or change the terms of this policy or change the premiums shown on Policy Specifications Page 3, as long as you continue to pay premiums on time.

Conditionally Renewable for Life, Subject to Premium Changes: After the Expiration Date you may renew this policy without the Residual Disability benefit, the Transitional Return to Work Benefit and any of the attached riders, each Policy Year, so long as: (a) the policy was In Force for the prior Policy Year; (b) you are not receiving benefits or are not eligible to receive benefits for a claim under this policy; (c) you continue to be regularly employed at least 30 hours a week for which you are receiving wages; (d) your completed application for renewal has been approved by us; and (e) you pay the premiums being charged at that time.

Renewal of this policy under this provision only applies to the Total Disability benefit.

Disability Income Insurance Policy

Nonparticipating

Noncancellable and Guaranteed Renewable To the Expiration Date

Premiums Waived for Disability

Benefit and Premium Amounts: Page 3

Insured John Doe

Issue Age 35

Policy Date Oct 18 2011

Policy Number H6000000

Issue Date Oct 18 2011

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Notice to Arkansas Policyholders

If you have any questions about a problem with your insurance policy, please contact your agent or:

Agency Name
Agency Address
Agency City, State Zip
Agency Phone Number

Ohio National Life
Client Services Division
P.O. Box 237
Cincinnati, Ohio 45201-0237
Toll Free No.: 1-800-366-6654

If you cannot resolve your problem directly with the Insurer, you may contact:

Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904
Toll Free Number: 1-800-852-5494

This notice of complaint procedure is for information only and does not become a part or condition of this policy.

Limitations and Exclusions under the Arkansas Life and Health Insurance Guaranty Association Act

Residents of this State who purchase life insurance, annuities, or health and accident insurance should know that the insurance companies licensed in this State to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this State and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

Disclaimer

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this State. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

Coverage

Generally, individuals will be protected by the Guaranty Association if they live in this State and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

Exclusions from Coverage

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another State (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof that is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (that give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by state or federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents that do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

Limits on Amount of Coverage

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Policy Specifications

Benefit Specifications

Premium Specifications

Benefit Amounts Per Mo.	Description Of Benefits	Premium	Payable	Number
\$[4,000] A	Base Monthly Benefit Elimination Period - [90 Days] Maximum Benefit Period – [To Age 65] B E	\$[1431.00] C	[30] D	11DI-1
	Waiver of Premium After Disability--See Benefit Description F			
Additional Benefit Agreements				
\$[1,000] G	Social Insurance Supplement Rider Elimination Period - [90 Days] Maximum Benefit Period – [To Age 65] H K	\$[276.40] I	[30] J	11DSI-1
	Guarantee of Physical Insurability Rider Maximum Increase Amount [8000] L	\$[128.80] M	[25] N	11DGP-1
	Cost of Living Rider	\$[379.20] O	[30] P	11DCL-1

Policy Number	Policy Date	Issue Date	Expiration Date
H6000000	Oct 18 2011	Oct 18 2011	Oct 18 2041
Insured		Issue Age & Sex	
John Doe		35	Male
Owner			
The Insured			
Total Premium			
Annual	Semiannual	Quarterly	
\$[2215.40] U	\$[1135.39] W	\$[581.54] X	

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Definitions

Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

Base Monthly Benefit

The monthly benefit amount to be paid under the terms of this policy for each month you are Totally Disabled after the Elimination Period. The Base Monthly Benefit is shown on Policy Specifications Page 3.

CPI-U

CPI-U is the Consumer Price Index for all urban consumers. It is published by the United States Department of Labor. If the CPI-U is discontinued or if its method of computation is changed, we may use another nationally published index. We will choose an index which is similar in purpose to the CPI-U.

Current Monthly Earnings

Your Monthly Earnings during each month of Residual Disability for which a claim for benefits is made.

Disability or Disabled

Total Disability or Totally Disabled or Residual Disability or Residually Disabled as defined in this policy.

Elimination Period

The period of time you must be Disabled before Monthly Benefits begin. The Elimination Period is shown on Policy Specifications Page 3. But, for a Disability which results from normal pregnancy or childbirth, the Elimination Period is the longer of:

- (1) the number of days shown on Policy Specifications Page 3; or
- (2) 90 days.

If a period of Disability from the same or a related cause is broken by 365 days or less, all the days of Disability count toward the Elimination Period.

Expiration Date

The date shown on Policy Specifications Page 3. This date is an anniversary of the Policy Date, after which the policy is no longer In Force, except in circumstances of Conditional Renewal.

Extraordinary Income

Special income, such as incentive stock options, non-qualified stock options, non-qualified deferred compensation and golden parachute payments.

In Force

Premiums have been paid when due and you remain insured under the terms of this policy.

Injury

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is In Force and that is not contributed to in any manner by Sickness.

Loss

An Injury or Sickness that occurs while this policy is In Force upon which a claim is based.

Loss of Earnings

Monthly Earnings Before Disability minus Current Monthly Earnings.

Material and Substantial Duties

The duties which:

- (1) you are normally required to perform for Your Regular Occupation; and
- (2) cannot be reasonably omitted or changed.

Maximum Benefit Period

The longest period of time that Monthly Benefits will be paid for one Disability from the same or related cause. The Maximum Benefit Period is shown on Policy Specifications Page 3.

Monthly Benefit

Base Monthly Benefit or Residual Monthly Benefit as defined in this policy.

Monthly Earnings

Monthly Earnings includes:

- (1) all wages, salary, bonuses, commissions and fees; and
- (2) any pension and profit sharing contributions and deferred compensation; and
- (3) other amounts earned by you for services performed by you that are reported as earned income for personal income tax purposes, excluding Extraordinary Income.

In addition, if you own any part of a business in which you provide personal services, Monthly Earnings will also include your share of profits produced by or from the business. In calculating such profits, you may only include Normal and Usual Business Expenses.

The following amounts are not included in Monthly Earnings:

- (1) any unearned income, such as interest, dividends, rent, royalties, or investment income or other income not derived from your vocational activities; and
- (2) any income from annuities, sick pay, benefits received for disability under a formal wage or salary continuation plan.

Monthly Earnings will be determined using either the cash or accrual accounting method, whichever you choose. But, during the period of disability, the same method must be used to determine Monthly Earnings Before Disability and Current Monthly Earnings. If you choose the cash method, we will exclude any income received for services rendered prior to the start of your Disability.

Monthly Earnings Before Disability

The greater of:

- (1) your average Monthly Earnings for the 12 months immediately before Disability begins; or
- (2) your average Monthly Earnings for the 24 months immediately before Disability begins.

If money was being paid into a pension or profit-sharing plan for you, the money will be added to your Monthly Earnings Before Disability.

Normal and Usual Business Expenses

Normal and Usual Business Expenses are those expenses that:

- (1) can be deducted for federal income tax purposes; and
- (2) are incurred on a regular basis and are essential to the operation of the business. This does not include income taxes; and
- (3) must not be in excess of the expenses that were incurred before the start of the Elimination Period; and
- (4) do not include salaries, drawing accounts, profits, benefits and other forms of compensation payable to you or to any member of your immediate family who was not a full-time paid employee of the business during the 180-day period immediately preceding the onset of a Disability.

Notice

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

Physician

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial or business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

Policy Years

Policy Years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

Pronouns

"Our", "us" or "we" means Ohio National Life Assurance Corporation. "You", "your" or "yours" means the Insured. If the Insured is not the Owner, "you", "your" or "yours" means the Owner when referring to policy rights, payments and notices. The Insured, and the Owner on the Policy Date, are named on Policy Specifications Page 3.

Residual Disability or Residually Disabled

Residual Disability or Residually Disabled means that due to Sickness or Injury:

- (1) you are not Totally Disabled; and
- (2) you are working in Your Regular Occupation; and
- (3) you have a loss of Monthly Earnings that is at least 20% of your Monthly Earnings Before Disability; and
- (4) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness; and

- (5) you are able to perform one or more, but not all, of the Material and Substantial Duties of Your Regular Occupation or you are able to work in Your Regular Occupation no more than 80% of the time you formerly spent before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision.

Residual Monthly Benefit

The monthly benefit amount to be paid for each month you are Residually Disabled after the Elimination Period.

Sickness

Any illness or disease first manifested while this policy is In Force including complications due to pregnancy or childbirth.

Total Disability or Totally Disabled

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Material and Substantial Duties of Your Regular Occupation.

You are not Totally Disabled if you can:

- (1) perform any of the Material and Substantial Duties in Your Regular Occupation; and
- (2) be employed in, or can engage in, Your Regular Occupation on a full-time or part-time basis.

Your Regular Occupation

The occupation (or occupations if more than one) in which you are regularly engaged at the time Disability began. If Your Regular Occupation at the time Disability began is limited to a Board Certified Specialty within the scope of your degree or license, we will deem that Specialty to be Your Regular Occupation. If you are not working at the time Disability began, Your Regular Occupation means any occupation you are able to do based on your education, training and experience.

Benefits

Total Disability

While this policy is In Force, we will pay you Base Monthly Benefits shown on Policy Specifications Page 3 while you are Totally Disabled:

- (1) after the Elimination Period; but
- (2) not for more than the Maximum Benefit Period shown on Policy Specifications Page 3.

In no event will Base Monthly Benefits be paid past the Expiration Date for a Total Disability which starts more than two years prior to the Expiration Date. Nor will Base Monthly Benefits be paid for more than two years for a Total Disability which starts within two years of the Expiration Date. If the policy is renewed after the Expiration Date, the Base Monthly Benefit amount will be paid for no more than two years, nor for more than one year for a Total Disability which starts on or after Age 75.

Residual Disability

We will pay you a Residual Monthly Benefit while you are Residually Disabled. The Residual Monthly Benefit amount is the Base Monthly Benefit amount for Total Disability times the ratio of your Loss of Earnings during Disability to your Monthly Earnings Before Disability. If this ratio is more than 75%, then the Residual Monthly Benefit will be the same as the Base Monthly Benefit for Total Disability shown on Policy Specifications Page 3. For the first six months that you are paid a benefit for a Residual Disability, the amount of such a benefit will not be less than one half of the Base Monthly Benefit amount for Total Disability.

At the end of each year that you remain Disabled, a percentage increase will be made to the amount of your Monthly Earnings Before Disability. This increase will be equal to the increase in the CPI-U. This new Monthly Earnings Before Disability amount will then be used in computing your Residual Monthly Benefit. If the CPI-U does not increase, no adjustment will be made in your Monthly Earnings Before Disability for that year.

Transitional Return to Work Benefit

After a period for which we have paid you a benefit for a Disability, we will continue to pay you a monthly transitional benefit if:

- (1) you are at work in Your Own Occupation full time; and
- (2) you are not entitled to a Base Monthly Benefit for Total Disability or a Residual Benefit Amount for Residual Disability; and
- (3) you can demonstrate a relationship exists between the Loss of Earnings and the previous Disability; and
- (4) your Loss of Earnings is at least 20%.

The monthly transitional benefit is determined using the same procedure that is used to determine the Residual Monthly Benefit.

A relationship is demonstrated to exist between the Loss of Earnings and the previous Disability if your Loss of Earnings is a direct and primary result of your Residual Disability. A relationship is not demonstrated to exist if your Loss of Earnings is primarily due to intervening causes that are not related to your Residual Disability. Whether a relationship is demonstrated to exist or not may be re-evaluated periodically during the transition period.

Termination of the Transitional Return to Work Benefit

The **Transitional Return to Work Benefit** will terminate upon the earlier of:

- (1) the date a relationship between the Loss of Earnings and the previous Disability no longer exists; or
- (2) two consecutive months in which your Loss of Earnings is less than 20%; or
- (3) three non-consecutive months in which your Loss of Earnings is less than 20%; or
- (4) when the Maximum Benefit Period for a Residual Disability ends.

Regular Care of a Physician

In order to be eligible for Monthly Benefits or for us to waive premium under this policy, you must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Disability. The Physician must be qualified by training or experience to treat the condition causing Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve your condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

Waiver of Premium

If you are Disabled for at least 90 days or the Elimination Period shown on Policy Specifications Page 3, whichever is less, we will waive payment of premiums which come due while you are Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until your Disability ends.

After your Disability ends, this policy stays In Force until the next premium due date. Then you must pay premiums as they come due. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply.

Presumed Total Disability

Total Disability is presumed if while this policy is In Force, Injury or Sickness causes you to sustain the total loss of the use of both hands, or the use of both feet, or the use of one hand and one foot, or to completely lose your sight in both eyes or the hearing in both ears or speech. When Total Disability is presumed: (1) the Elimination Period will be waived; (2) Base Monthly Benefits will be paid even if you still work; (3) Base Monthly Benefits will not be made for more than the Maximum Benefit Period shown on Policy Specifications Page 3; and (4) you must meet the **Regular Care of a Physician** requirement stated in this policy.

Cosmetic or Transplant Surgery

We will pay Base Monthly Benefits while this policy is In Force, if you are Totally Disabled due to Cosmetic or Transplant Surgery. Cosmetic Surgery means surgery performed to restore your appearance: (a) due to an Injury; or (b) due to, or as part of, other surgery which results from an infection, disease or malfunction of a part of the body. Transplant Surgery means the removal of an organ from your body to be implanted in someone else's body. The transplant must occur more than six months after the Issue Date of this policy, and if so, the Elimination Period will be waived.

Rehabilitation

We may consider paying for a rehabilitation program if you are receiving Base Monthly Benefits under this policy and if the program is approved by us. We will not consider you recovered from a Total Disability just because you are participating in a program of occupational rehabilitation.

Military Duty

By written request to us, you may suspend this policy while you are on active duty in the armed forces. We will refund premiums paid for coverage beyond the date we get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

When your active duty ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your duty ends up to the next premium due date. You must pay this premium within three months after your duty ends. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply. This policy will not cover any Loss due to an Injury that occurs or a Sickness that first manifests itself while this policy is suspended.

Voluntary Suspension During Unemployment

By written request to us, you may suspend this policy if you become unemployed and are receiving state or federal unemployment benefits. We will refund premiums paid for coverage beyond the date we get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

The suspension will begin when we receive all of the following:

- (1) A Notice to suspend coverage due to your current unemployment; and
- (2) a determination letter from the appropriate state or federal agency responsible for administering unemployment benefits indicating that you have qualified for unemployment benefits; and
- (3) proof that you have been receiving unemployment benefits for at least 60 consecutive days and are still unemployed on the date we receive your written request.

The suspension will end the earlier of:

- (1) one year after the date the suspension began; or,
- (2) the date we receive your request to end the suspension.

You cannot suspend coverage for a subsequent period of unemployment until two years have elapsed from the end of the previous suspension.

When the suspension ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your suspension ends up to the next premium due date. You must pay this premium within three months after your suspension ends. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply. This policy will not cover any loss due to an Injury that occurs or a Sickness that first manifests itself while this policy is suspended.

Recurrent Disabilities

If Disability stops and then starts again within 365 days from the same or a related cause, the two periods of Disability will count as one. In such case, you do not need to meet a new Elimination Period, if already met, and the same Maximum Benefit Period will continue to apply to your Disability.

A recurrence of Disability from the same or related cause after 365 days counts as a new Disability. So does a Disability which occurs within 365 days from some other cause. A new Elimination Period and a new Maximum Benefit Period will apply when you have a new Disability. The **Waiver of Premium** provision will also apply anew.

Concurrent Disabilities

We will pay for only one Disability at a time. The amount of Monthly Benefit and the length of time it may be paid do not increase if Disability is due to more than one cause.

Exclusions

No Monthly Benefits will be paid for a Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while you are legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to you committing, or attempting to commit, a felony; or
- (5) in the event that your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period your license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from you being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

We will not pay Monthly Benefits for more than 12 months throughout the life of this policy for periods for which you are asserting a claim and residing outside of one of the 50 States, the District of Columbia, or Puerto Rico.

Limitations

Pre-existing Conditions

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay a Monthly Benefit for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

Mental Disorder/Substance Abuse

If any Mental Disorder or Substance Abuse or both shall be the primary cause of your Disability, we will pay Monthly Benefits for not more than a cumulative total of two years during the lifetime of this policy.

However, if you are continuously confined in a Hospital where you are receiving treatment on a regular basis from a Physician which is appropriate for the Sickness or Injury causing the Disability, we will pay Monthly Benefits up to the applicable Maximum Benefit Period shown on Policy Specifications Page 3.

Mental Disorder includes, but is not limited to mental, emotional or behavioral disorder, or a disorder related to stress or to Substance Abuse or dependency. In addition to the foregoing, Mental Disorder means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the date of Disability. If the DSM is discontinued or replaced, Mental Disorder will include those disorders classified in the diagnostic manual then in use by the American Psychiatric Association as of the date of Disability. Mental Disorder does not include dementia resulting from stroke, trauma, infections or degenerative diseases, such as Alzheimer's, Parkinson's, or Pick's Disease.

Substance Abuse includes alcohol abuse, drug abuse, or chemical dependency.

Hospital means a legally operated facility that: (1) is identified as a Hospital; and (2) provides full-time medical care and treatment under the direction of a full-time staff of licensed Physicians.

Hospital does not include convalescent homes, rest homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care.

Claims

Notice of Claim

You must give us notification of a claim within 30 days after an Injury or Sickness, or as soon as you reasonably can. Notification must be received at our Home Office.

Claim Forms

Within 15 working days after we get your notification, we will send you claim forms. If we do not, you can send us your own written proof of Disability. You must show the kind and extent of your Injury or Sickness and the Disability that has occurred.

Proof of Loss

Written Proof of Loss satisfactory to us must be received by us within 90 days after the date your Disability began. Unless it was not possible to give us Proof of Loss during that time, we will only begin paying Monthly Benefits for a period beginning 90 days before the date we receive Proof of Loss. Under any circumstances, we will not pay any Monthly Benefits for a period beginning more than one year before the date we receive Proof of Loss unless you were declared legally incapacitated by a court of law.

We will require proof of your loss of earnings or continuing loss of earnings. Such proof can include but is not limited to copies of your state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports regarding your Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records of your business where you own any portion of a business.

Authorizations, Examinations and Interviews

As part of furnishing Proof of Loss or continuing Loss, you must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
 - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
 - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
 - (c) one or more interviews with our authorized representative or representatives; and
 - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business where you own any portion of a business in which you provide personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, Monthly Benefits will not be paid or will cease to be paid.

Misstatement of Earnings

If a claim for Residual Disability is based on an amount of earnings that is not correct as stated, the amount of the Residual Monthly Benefit will be adjusted to reflect the correct amount of earnings. We will increase or decrease any later payment or payments for the misstatement.

Payment of Claims

Payee

Monthly Benefits will be paid to the Owner. If the Owner dies, Monthly Benefits will be paid to the contingent Owner. If no contingent Owner is named, Monthly Benefits will be paid to the estate of the Owner.

Time of Payment

Subject to Proof of Loss, Monthly Benefits will be paid at the end of each month of Disability for which they are due. Any Monthly Benefit due but not yet paid when your Disability ends will be paid as soon as we receive Proof of Loss.

Facility of Payment

To avoid undue expense or delay, we may pay one of your relatives a reasonable amount of Monthly Benefits owed to your estate or to a minor or to one who cannot give a valid release. The relative will be one we think should fairly receive the payment. Our duty under this policy will be discharged to the extent of any such payment made in good faith. The amount we pay will not exceed \$1,000 or, if greater, the limit allowed by state law for payments of this kind.

Legal Actions

You may not sue us on this policy: (a) before 60 days have passed after we get written Proof of Loss; or (b) more than six years after Proof of Loss is required but not given.

Time Limit on Certain Defenses

After this policy has been In Force for two years (and for two years after reinstatement), excluding any period during which you are Disabled, we can use only fraudulent misstatements on your application (or your reinstatement application) to void this policy or to deny a claim for Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on your application had existed within five years before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of Loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on your application.

Premiums

Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until the Expiration Date is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

Grace Period

You have 31 days of grace after the due date to pay each premium, except the first. This policy stays In Force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Sex** provision.

Insured's Death

If the Insured dies while this policy is In Force, we will refund that part of the premium paid for any time after the Insured's death. We must get Notice of death within one year in order to qualify for any refund of premiums under this policy.

Misstatement of Age or Sex

If your Age or sex is misstated, Base Monthly Benefits or premiums will be changed.

- (1) If you paid less premiums than you should have, Base Monthly Benefits are reduced to what your paid premiums would have bought at the right Age and sex.
- (2) If you paid more premium than you should have, we will pay back the excess. From then on, premiums will be for the right Age and sex.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and sex.

If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back In Force up to six months beyond the due date. We will require proof that you can be insured. Such proof must be received at the Home Office within 90 days from the request. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days.

Monthly Benefits will not be paid for any Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date;

unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

Ownership Rights

Ownership

All policy rights belong to the Owner. The Owner may name a new Owner or contingent Owner by Notice to us. A contingent Owner becomes the new Owner upon the Owner's death. If no contingent Owner is named, the estate of the Owner becomes the new Owner upon the Owner's death.

Cancellation by Owner

You may cancel this policy at any time by Notice delivered or mailed to us, effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

Assignment

This policy may be assigned. We are not responsible for the validity or effect of an Assignment. We are not bound by an Assignment until we receive Notice of it.

Entire Agreement

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of the Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

Governing Law

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which this policy is issued.

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Ohio National Life Assurance Corporation

Ohio National Financial Services

Disability Income Insurance Policy

Nonparticipating

Noncancellable and Guaranteed Renewable To the Expiration Date

Premiums Waived for Disability

Benefit and Premium Amounts: Page 3

Disability Income Insurance Application

1. Proposed Insured Information

a. First Name	Middle Name (no initials, please)	Last Name
<input type="text"/>		
b. Home Address	How long at this address?	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>		
c. Mailing Address (if different than home)	City	State Zip
<input type="text"/>		
d. Birth Date	e. Issue Age (nearest birthday)	f. <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	g. Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Driver's License Number	i. Expiration Date	j. State Licensed
<input type="text"/>	<input type="text"/>	<input type="text"/>
k. State of Birth	l. Country of Birth	
<input type="text"/>	<input type="text"/>	
m. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	n. If non-US citizen, do you have a U.S. Green Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," currently a citizen of what country? <input type="text"/>		
o. Home Phone Number	p. Business Phone Number	q. Other Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Proposed Insured Employment Information

a. Occupation/Position	b. Type of Business
<input type="text"/>	<input type="text"/>
c. Present Employer	
<input type="text"/>	
Address	City County State Zip
<input type="text"/>	
d. Length of Current Employment	e. How many hours per week are you at work in this occupation?
<input type="text"/>	<input type="text"/>
f. Description of Specific Duties (Do not state "usual" or "normal," please be specific.)	
<input type="text"/>	
<input type="text"/>	
g. Additional Occupation(s)/Position(s) and hours worked per week	h. Type of Business
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Temporary Insurance Coverage - Individual Disability Coverage Only (Check answer to left of question.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	a. Have you been diagnosed as having had, or been treated for, heart attack, stroke or cancer within the last two years or been advised to have any surgery which has not been performed or are you now pregnant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Have you applied for or are you now receiving disability benefits, workers' or unemployment compensation benefits or a pension disability benefit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Have you within the last 5 years been diagnosed as having had, or been treated or advised to seek treatment for: drug abuse or alcoholism; emotional, neurological or mental disorder; or arthritis or any back or neck disorder?
If 3a, 3b or 3c are answered "Yes" or if the total amount applied for exceeds \$5,000 per month, no premium may be accepted, 3d must be answered "No", and you will not obtain coverage except as provided in part c of the Mutual Agreements on page 7.	
d. Is premium submitted with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount remitted \$ <input type="text"/>

4. Other Coverage/Replacement Information (Check answer to left of question.)

- ☐ Yes ☐ No **a.** Do you have existing Disability Insurance?
- ☐ Yes ☐ No **b.** Are you eligible for other Disability Insurance, including Group Disability Insurance, in the next 12 months?
- ☐ Yes ☐ No **c.** Are you currently applying for other Disability Insurance including, but not limited to, Individual or Group Disability Insurance? If yes, provide details: _____

- ☐ Yes ☐ No **d.** Do any of your policies contain the Catastrophic Disability Rider?
If so, list monthly Catastrophic Cost Benefit Amount. \$ _____

- ☐ Yes ☐ No **e.** Does the proposed policy replace or cause changes in any existing policy?

If either 4a, 4b, 4c, 4d, or 4e is answered "Yes," list all types of Disability Insurance below, and indicate whether the proposed policy will replace or cause change in any existing policy. If group or association, include the percentage and maximum cap.

Company or Source	Type: DI, Group, BOE, or Buy-Sell	Year Issued	Base Monthly Benefit Amount	Maximum Benefit Period	Check if Employer Paid	Will Coverage Be Changed or Replaced?	Date of Replacement
			\$		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			\$		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			\$		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
			\$		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

Attach any state replacement and/or transfer form.

5. Nonmedical Information (Check answer to left of question.)

Have you:

- | | |
|---|--|
| <p><input type="checkbox"/> Yes <input type="checkbox"/> No a. ever applied for insurance or policy reinstatement which was declined, postponed, rated, ridered or modified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No b. within the last five years, been charged with, but not acquitted of, the violation of any criminal law?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No c. any intention of traveling or residing outside the United States or Puerto Rico?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No d. been placed on current active status in the Armed Forces, or expect to have active status in the near future? (If “Yes,” complete the appropriate state version of Form 6500.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No e. within the last five years, engaged in or plan to engage in flying as a pilot or crewmember? (If “Yes,” complete appropriate state version of Form 6256A.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No f. within the last five years, engaged in or plan to engage in motorized racing, hang gliding, ballooning, sky-diving, parachuting, bungee jumping, mountain, rock, or other climbing, scuba diving, or other hazardous avocations?</p> | <p style="text-align: center;">(If “Yes,” complete appropriate state version of Form(s) 6256-B and/or 6133-A&B.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No g. filed for bankruptcy, either personal or any business you have owned within the last seven years? If “Yes” indicate type and date of discharge.</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p><input type="checkbox"/> Yes <input type="checkbox"/> No h. smoked cigarettes in the last 12 months? If “Yes,” indicate date last smoked.</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p><input type="checkbox"/> Yes <input type="checkbox"/> No i. used other forms of tobacco such as cigars, pipe, chewing tobacco or snuff in the last 12 months? If “Yes,” indicate date last used.</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p><input type="checkbox"/> Yes <input type="checkbox"/> No j. in the past 5 years, had your professional license revoked, suspended or investigated for any reason or been disbarred?</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> |
|---|--|

Details of "Yes" answers. Please identify the question.

6. Financial Information

Fill in all applicable items below to show amounts as required to be reported for **federal income tax purposes**. Show your income only. Do not include the income of your spouse or other family members. Your earned income must be shown as **net earnings after deductions for all business expenses**.

	Current Calendar Year-to-Date	Prior Calendar Year	Second Prior Calendar Year
a. Salary or Wages from Form W2.	\$ _____	\$ _____	\$ _____
b. Sole Proprietor Net Profit from 1040 Schedule C.	\$ _____	\$ _____	\$ _____
c. Share of Partnership or S Corp Non-passive Income from 1040 Schedule E	\$ _____	\$ _____	\$ _____
d. Contributions to Qualified Pension, Profit Sharing or 401(k) plan that would cease if the proposed insured were disabled.	\$ _____	\$ _____	\$ _____
e. Other Earned Income from any other full or part-time work. (Explain in question 2g – pg. 1)	\$ _____	\$ _____	\$ _____
f. Total Earned Income (Must be completed.)	\$ _____	\$ _____	\$ _____
g. Unearned Income including passive income.	\$ _____	\$ _____	\$ _____
h. Net Worth Is your net worth greater than \$5,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state amount: \$ _____			

Include LLC in appropriate business category above.

7. Individual DI Coverage

a. Proposed Insured's Occupational Class: Medical ☐ 5M ☐ 4M ☐ 3M
Non-Medical ☐ 5A ☐ 4A ☐ 3A ☐ 2A ☐ A ☐ B

b. Plan Requested:
☐ Level Premium ☐ Step Rate Premium

c. Base Monthly Benefit:

Amount	A,B Occ Only					A,B Occ Only						
	Waiting/ Elimination Period					Benefit Period						
	30	60	90	180	365	1y	2y	5y	A65	A67	A70	
1. Base: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Social Insurance Supplement: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. Additional Benefits/Riders:

- ☐ Residual Disability Rider
- ☐ Guarantee of Physical Insurability \$ _____
- ☐ Cost of Living Increase Rider
- ☐ Waiver of Waiting Period (A&B only)
- ☐ _____

e. 1. Are you a Business Owner? ☐ Yes ☐ No

2. If "Yes," indicate type of business: ☐ Sole Proprietorship ☐ Partnership ☐ C-Corporation ☐ S-Corporation
(Include LLC in appropriate business category).

f. 1. Will your employer pay any part of premium? ☐ Yes ☐ No If "Yes," what percentage? _____ %

2. Will the premium paid by your employer be reported to you as W-2 taxable income? ☐ Yes ☐ No

g. Premium Mode: ☐ A ☐ S ☐ Q ☐ M (Bank Draft) ☐ List Bill Group No. _____ ☐ Other _____

h. Discount Applied for: ☐ List Bill: ☐ Multi-Life
☐ Small Group (3-5) ☐ Other _____
☐ Large Group (6+)

8. Business Overhead Expense Coverage

a. List names and percentage of ownership of each principal:

%

%

%

%

b. Number of full-time employees (excluding principals): _____

c. Proposed Insured's Occupational Class: Medical ☐ 5M ☐ 4M ☐ 3M
Non-Medical ☐ 5A ☐ 4A ☐ 3A ☐ 2A ☐ A ☐ B

d. Maximum Monthly Benefit \$

e. Waiting Period: ☐ 30 days ☐ 60 days ☐ 90 days

f. Benefit Period: ☐ 12 months ☐ 18 months ☐ 24 months

g. Riders:

1. ☐ Additional 6 Month Benefit \$ _____
2. ☐ Partial Disability
3. ☐ Residual Benefit Rider
4. ☐ Substitute Salary Expense
5. ☐ Guarantee of Physical Insurability \$ _____
6. ☐ _____

9. Overhead Expenses

What are the current average monthly overhead expenses incurred by you (or your share, if a joint obligation) for the items shown below? Exclude all compensation for yourself or any business partner.

Overhead Expense Item

Amount

Employee wages	\$ _____
FICA and withholding taxes	\$ _____
Employee benefit premiums	\$ _____
Membership and association dues	\$ _____
Rent	\$ _____
Mortgage Interest	\$ _____
Mortgage principal or property depreciation	\$ _____
Equipment rental	\$ _____
Equipment loan interest	\$ _____
Equipment loan principal or equipment depreciation	\$ _____
Equipment maintenance	\$ _____
Other interest payments	\$ _____
Other loan principal	\$ _____
Property taxes	\$ _____
Electricity	\$ _____
Heat and water	\$ _____
Telephone	\$ _____
Insurance (fire, casualty, liability, etc.)	\$ _____
Insurance (malpractice, E&O)	\$ _____
Legal and accounting fees	\$ _____
Other normal and customary office expenses	\$ _____
Total Business Overhead Expenses	\$ _____

10. Buy-Sell Coverage

a. List names and percentage of ownership of each principal:

	%		%
	%		%

b. Is coverage being applied for on all principals? ☐ Yes ☐ No

If "No," please explain: _____

c. Is there any other buy-sell coverage in force or being applied for? ☐ Yes ☐ No

If "Yes," please provide details (including Waiting Period): _____

d. Policyowner (If other than Proposed Insured)

e. Loss Payee (to whom benefits are payable)

f. Proposed Insured's Occupational Class: Medical ☐ 5M ☐ 4M ☐ 3M
Non-Medical ☐ 5A ☐ 4A ☐ 3A ☐ 2A ☐ A ☐ B

g. Waiting Period (days): ☐ 365 ☐ 540 ☐ 730

h. Lump Sum Benefit \$

i. Monthly Installment \$

j. Benefit Period: ☐ 2y ☐ 3y ☐ 5y

k. Riders:

- ☐ Extended Benefit
- ☐ Guarantee of Physical Insurability \$
- ☐ _____

11. Buy-Sell Information on Business

Submit Buy-Sell Questionnaire (Form 8660)

a. Financial Information on Business

- Total Assets \$ _____
- Total Liabilities \$ _____
- Net Worth (assets minus liabilities) \$ _____
- Gross Annual Sales Current Fiscal Year \$ _____ Prior Fiscal Year \$ _____
- Net Profit After Taxes Current Fiscal Year \$ _____ Prior Fiscal Year \$ _____

b. Estimated Fair Market Value \$ _____

c. Describe Method Used to Value Business

d. Will the same Method be used to Value the Buy-Sell Agreement? ☐ Yes ☐ No

If "No," what Method will be used?

Do Not Collect Money with Buy-Sell Application

**Medical
Information**Complete whenever
applying on a non-
medical basis.**12. Proposed Insured****a.** Name of your personal physician

Phone Number

 - **b.** Address of your personal physician

City

State

Zip

c. Date and reason last consulted.**d.** Height

Weight

13.-18. Additional Medical Information (Check answer to left of question.)

As used below, “disorder” includes disease, illness, injury, deformity, condition or impairment of any kind.

☐ Yes ☐ No**13.** Is anyone proposed for coverage currently taking any prescription medication or under treatment or observation by a medical practitioner?☐ Yes ☐ No**14.** Has anyone proposed for coverage had a weight change of over 10 pounds in the last year?☐ Yes ☐ No**15.** Has anyone proposed for coverage ever had any of the following:☐ Yes ☐ No

a) chest pain, high blood pressure, heart murmur, heart attack, stroke or other disorder of the heart or circulatory system?

☐ Yes ☐ No

b) any disorder of the nervous system, paralysis, seizure disorder, dizziness or severe or recurrent headaches?

☐ Yes ☐ No

c) shortness of breath, asthma, bronchitis, emphysema, sleep apnea, or any other respiratory disorder?

☐ Yes ☐ No

d) hernia, ulcers, hepatitis or any disorder of the stomach, liver, gallbladder, pancreas, intestines or rectum?

☐ Yes ☐ No

e) sugar, protein or blood in the urine, stone or other disorder of the kidney, bladder, prostate or reproductive organs?

☐ Yes ☐ No

f) cancer, tumor, cyst, goiter or diabetes?

☐ Yes ☐ No

g) gout, arthritis, rheumatism or disorder of the muscles or bones, including the spine, back or joints?

☐ Yes ☐ No

h) allergy or any disorder of the skin, eyes, ears, nose, throat, sinuses, larynx, spleen or lymph glands?

☐ Yes ☐ No

i) Fibromyalgia, chronic fatigue or Chronic Fatigue Syndrome, Epstein Barr virus, or Lyme Disease?

☐ Yes ☐ No**16.** Has anyone proposed for coverage ever:☐ Yes ☐ No

a) been diagnosed or treated for AIDS (Acquired Immune Deficiency Syndrome) or tested positive for HIV (Human Immunodeficiency Virus)?

☐ Yes ☐ No

b) received disability benefits or compensation or a disability pension?

☐ Yes ☐ No

c) used barbiturates, tranquilizers, narcotics, cocaine, marijuana, amphetamines, inhalants, anabolic steroids or hallucinogens; except as legally prescribed by a physician (if physician, other than yourself)?

☐ Yes ☐ No

d) been treated or advised to seek treatment for drug abuse or alcoholism?

☐ Yes ☐ No

e) had any disorder of the breasts, disorder of menstruation, miscarriage or complications of pregnancy?

☐ Yes ☐ No**17.** To the best of your knowledge and belief, are you now pregnant?☐ Yes ☐ No**18.** Has anyone proposed for coverage had, within the last five years, other than as noted above:☐ Yes ☐ No

a) a check-up, consultation, illness, injury or surgery, or been a patient in a hospital, clinic or sanitarium?

☐ Yes ☐ No

b) an EKG, X-ray or other diagnostic test, or advised to have a diagnostic test, or hospitalization or surgery?

☐ Yes ☐ No

c) received marriage counseling or been treated or received counseling for anxiety, depression, stress, mental or nervous disorder or other emotional disorder?

Details of “Yes” answers in this section. Please identify the question by number and letter.

Include all diagnoses, including the names and dosages of all medications, as well as names and addresses of all medical practitioners.

Mutual Agreements

It is mutually agreed that:

- The statements and answers on this application are true and complete to the best of my knowledge and belief. A copy of this application will be the basis of any policy issued.
- By signing below, I acknowledge receipt of the Temporary Disability Insurance Agreement and I accept the terms and conditions of that agreement given in exchange for my payment shown in questions 3 of this application.
- Except as provided in my Temporary Disability Insurance Agreement or the Electronic Debit Authorization, if completed, no policy shall be in force unless and until: (1) it is delivered to me; (2) the full first premium is paid during the lifetime of all persons to be insured under the policy; and (3) the health of

the proposed insured and statements and answers in this application and Part 2, Examining Physician and Paramed Application remain the same without material change, as of the date of the policy delivery.

- By accepting an insurance policy issued on this application, I ratify any corrections, additions or changes made by Ohio National. In those states where required, there can be no change in amount, age at issue, risk class, plan of insurance or benefits, unless I agree to the change in writing.
- No agent is authorized to make or change a contract of insurance for Ohio National, nor extend the due date for a premium payment, nor waive any of Ohio National's rights or requirements.

Insurance Fraud Notice: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Month _____ Day _____ Year _____

City _____ State _____

Signature of Proposed Insured _____

Signature of Owner, if Owner other than Proposed Insured (or one authorized to sign for the Applicant) _____

I hereby certify that I have truly and accurately recorded on this application the information supplied by the Applicant and/or Proposed Insured.

Signature of Agent _____

Print Agent Name _____

Authorization

AUTHORIZATION to any physician; practitioner; hospital, clinic or other medical or medically related facility; health care provider; insurance company or reinsurance company; insurance support organization; the Veterans Administration; the Medical Information Bureau, Inc. (MIB); a consumer reporting agency; motor vehicle records facility and/or employer:

In order to enable Ohio National Life to act upon my application for insurance or to decide if I qualify for benefits or coverage, I authorize you to give to Ohio National Life any and all information, records or knowledge which you have about my physical or mental condition. This authorization covers medical history, evaluation, tests, diagnosis, treatment or prognosis, and includes information about drugs, alcoholism or mental illness. You may also give Ohio National Life any financial, employment or personal information requested for insurance purposes.

Ohio National Life may release information to reinsurance companies, to MIB, Inc., or to others who perform business or legal services related to my application or the policy or claim thereunder. Information will not be released to anyone else unless required or permitted by law or unless further authorized by me.

Date _____

- This authorization is good, as needed, for 24 months from the date signed or while I have a claim, if longer.
- I agree that a photocopy of this authorization may be used the same as the original.
- I have received the Notice of Information Practices.
- I understand that I have the right to receive a copy of this authorization.

If signing for someone, also check here and identify below.

- ☐ Parent/Guardian of minor(s)
☐ Spouse/Representative of the Deceased Insured
☐ Other (specify) _____

Identify married woman's maiden name, names of minor children, Insured's name, or others to whom authorization applies. _____

Signature of Proposed Insured _____

Signature of Spouse or Additional Insured _____

Rider

Cost of Living Increase Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy. It provides for an annual increase in the Base Monthly Benefit, as defined below, during a period of Total or Residual Disability.

Definitions

Basic Policy

This is the policy to which this rider is added.

Base Monthly Benefit

The Base Monthly Benefit as defined in the Basic Policy is hereby amended to include any Base Monthly Benefit added to the Basic Policy by means of a rider which guarantees physical insurability.

Benefit

If you are Totally Disabled or Residually Disabled for more than 12 months, we will increase the amount of the Base Monthly Benefit to be paid under your Basic Policy and the amount of the Extra Benefit paid under any Social Insurance Supplement Rider that is a part of the Basic Policy. The increase will be 3% per year compounded. We will make this adjustment on each anniversary of the onset of your Total or Residual Disability.

After a Total or Residual Disability ends, unless you exercise the **Option To Buy Benefit Increase**, the Base Monthly Benefit reverts to the amount it was at the time your Total or Residual Disability began.

Option To Buy Benefit Increase

After a Total or Residual Disability ends during which your Base Monthly Benefit was increased by means of this rider, you may increase the Base Monthly Benefit on the Basic Policy by an amount equal to the increase in benefits provided by this rider, rounded to the nearest \$100.

To use this option you must:

- (1) be actively and gainfully employed on a full time basis; and
- (2) apply within 90 days after your Total or Residual Disability ends; and
- (3) not be receiving benefits under the Basic Policy or any riders that are added to the Basic Policy; and
- (4) apply before your Age 60.

Premiums for the increase in Base Monthly Benefits will be based on your Age as of the date you elect to increase the Base Monthly Benefit.

Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated.

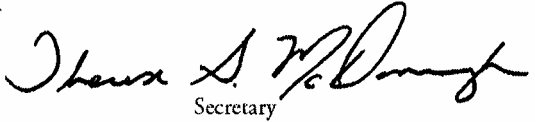
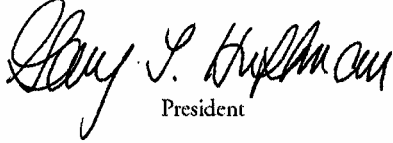
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends;
- (2) your written request to end this rider; or
- (3) the Expiration Date shown on Policy Specifications Page 3 of your Basic Policy.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ ]
Secretary President

Rider

Guarantee of Physical Insurability Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy.

Definitions

Basic Policy

The policy to which this rider is added.

Disability or Disabled

Total Disability or Totally Disabled as defined in the Basic Policy or Residual Disability or Residually Disabled as defined in the Basic Policy or in any Residual Disability Rider that is part of the Basic Policy.

Increase Amount

Disability income insurance bought by use of this rider. The Increase Amount shall increase the Base Monthly Benefit amount of the Basic Policy.

Increase Date

Increase Date means the date the Increase Amount takes effect. An Increase Date can be any policy anniversary while this rider is in effect.

Special Increase Amount

The Special Increase Amount is equal to the Maximum Increase Amount as shown on Policy Specifications Page 3 of the Basic Policy less any Increase Amounts already bought by use of this Rider.

Maximum Increase Amount

The maximum sum of all Increase Amounts as shown on Policy Specifications Page 3 of the Basic Policy.

Benefits

Basic Policy

You may buy an Increase Amount on the first day of any policy year if you are not Disabled. The Increase Amount is equal to the amount of Base Monthly Benefit for which you qualify based on our then current issue and participation limits with a \$100 per month minimum and a maximum equal to one half of the original Base Monthly Benefit as shown on the original Policy Specifications Page 3 of the Basic Policy. The sum of all such Increase Amounts may not be more than the Maximum Increase Amount.

However, on the next potential Increase Date after the first time you become Disabled, you can buy one Increase Amount for the lesser of:

- (1) \$1,000; or
- (2) the amount you qualify for, if any, based on your average annual income for the 12 months immediately prior to the time your Disability began.

An Increased Amount will not be paid for a Disability or a Recurrent Disability that starts before the Increase Date on which it takes effect.

Special Increase Amount

You may not have a Special Increase Amount that will give you more than our maximum disability income issue and participation limit in effect as of the date you apply for the Special Increase Amount.

You may request a Special Increase Amount if either of the following applies.

- (1) You are no longer eligible to participate in your employer's group long term disability insurance plan because of a change in employment or your employer discontinues or reduces your group long term disability insurance and you are working and you are not eligible for group long term disability insurance in the next 24 months. You must apply for the Special Increase Amount within 90 days of losing your group long term disability insurance.
- (2) You have at least a 50% increase in earnings since your last Increase Date. The increase in earnings must be permanent and sustainable. If the increase in earnings is the result of a one-time bonus, commission or extraordinary financial event you will not qualify for a Special Increase Amount.

Conditions

In order for you to buy an Increase Amount:

- (1) this rider must be In Force; and
- (2) premiums must be paid to the Increase Date.

The Insured must send Notice to us for the Increase Amount. You will not have to prove that you can be medically insured. The premium for the Increase Amount must be paid by the Increase Date. The premium will be based on your Age and the rates in effect for the Basic Policy as of the Increase Date.

Once in effect, the Increase Amount will be subject to all of the terms and provisions of the Basic Policy as if the Basic Policy were then reissued to include the Increase Amount.

You may not have an Increase Amount that will give you more than our maximum disability income issue and participation limit in effect as of the Increase Date. We may ask for proof of your earnings for this purpose. Proof may include your federal and state tax returns and schedules, W-2 forms, your income statements, audit reports, payroll records, accountant's statements, employment records, and any other records and statements which contain facts we need.

Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated; but with respect to each Increase Amount, this provision will apply beginning with each respective Increase Date.

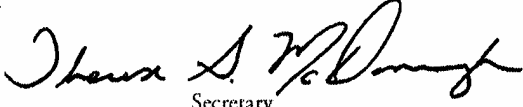
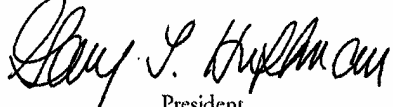
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the date the sum of all Increase Amounts purchased equals the Maximum Increase Amount; or
- (3) your Age 60; or
- (4) your written request to end this rider.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ ]
Secretary President

Rider

Social Insurance Supplement Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy. It provides you with an Extra Benefit as defined below while you are Disabled.

Definitions

Basic Policy

This is the policy to which this rider is added.

Disabled

Totally Disabled as defined in the Basic Policy, or Residually Disabled as defined in either the Basic Policy or in any Residual Disability Rider that is part of the Basic Policy.

Social Income

Benefits paid for disability or retirement benefits under:

- (1) the Federal Social Security Act under;
 - (a) a Primary Insurance Amount (PIA); or
 - (b) a PIA and a Family Benefit for dependents; or
- (2) any Workers' Compensation, occupational disease, employer's liability, State Cash Sickness, or like law; or
- (3) Government Retirement and Disability Fund Benefits including:
 - (a) disability compensation, including amounts for dependents under any federal, state, county, municipal or other government subdivision retirement and disability fund for which you may be eligible; or
 - (b) any payment that results from elective retirement; or
- (4) the Railroad Retirement Act; or
- (5) a Civil Service Retirement program; or
- (6) any like program covering federal, state or local government employees.

Benefits

Extra Benefit

We will pay you an Extra Benefit while you are Disabled:

- (1) after this rider's Elimination Period; but
- (2) not for more than the Maximum Benefit Period.

The amount of Extra Benefit for Total Disability will be the benefit amount shown for this rider on Policy Specifications Page 3 of the Basic Policy, less any Social Income you receive in that month.

The amount of Extra Benefit for Residual Disability will be the same fraction of the Base Monthly Benefit as is paid under the Residual Disability Rider, less any Social Income you receive in that month.

Exclusions

Extra Benefit will not be paid:

- (1) if Base Monthly Benefits are not being paid under the Basic Policy or under a Residual Disability Rider that is a part of the Basic Policy;
- (2) after the Expiration Date of the Basic Policy;
- (3) if you do not comply with the **Claims Procedure** for this rider;
- (4) beyond the Maximum Benefit Period; or
- (5) if you do not make proper and timely application for any Social Income to which you may be entitled.

Claims Procedure

You must send us proof that you have:

- (1) been denied Social Income; and
- (2) appealed that denial.

You must give us written authority to obtain details of your claim for Social Income. If you are receiving Social Income or you are eligible to receive Social Income, you must provide us details concerning the amount of Social Income you are receiving or are eligible to receive.

Legal Fees

If you incur legal fees in the appeal of a denial of Social Income, we will pay you an amount up to one month's Extra Benefit to cover the costs you incur for one of the following:

- (1) a hearing before an Administrative Law Judge;
- (2) a review of such a hearing by the Appeals Council; or
- (3) a civil suit in the U.S. District Court.

We will not pay for legal service rendered before:

- (1) Social Income is first denied; and
- (2) you seek and receive a reconsideration of that denial.

Premiums

We can raise the annual rider premium if:

- (1) you are no longer covered by a Social Income program; or
- (2) such program has been repealed or largely reduced by law.

The rider premium will never be more than the premium for the same amount of Base Monthly Benefit under the Basic Policy.

Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated.


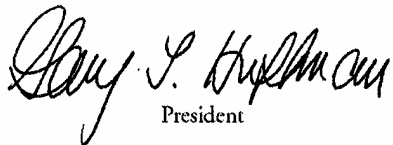
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the Expiration Date shown on Policy Specifications Page 3 of the Basic Policy; or
- (3) your written request to end this rider; or
- (4) when you first apply for and have been granted Social Income retirement benefits.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ ]
Secretary President

Endorsement

Managerial Duties

This endorsement is included in and made a part of the Basic Policy as of the Policy Date. If there is a conflict between the terms of the policy and this endorsement, the endorsement controls.

Basic Policy

This is the policy to which this endorsement is added.

The following definitions are added to the **Definitions** section of the Basic Policy.

Managerial Duties

The sedentary, administrative functions of Your Regular Occupation. Managerial Duties does not mean Manual Duties.

Manual Duties

Duties that require physical activity. Physical activity includes, but is not limited to, operating machinery, driving a vehicle, climbing, bending, stooping, kneeling, lifting, crouching, crawling, pushing and pulling.

The following definition replaces the definition found in the Basic Policy.

Total Disability or Totally Disabled

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Managerial Duties of Your Regular Occupation and you are not working in any other occupation for wage or profit.

You are not Totally Disabled if you can:

- (1) perform any of the Managerial Duties in Your Regular Occupation; and
- (2) be employed in, or can engage in, Your Regular Occupation on a full-time or part-time basis.

The following exclusion is added to the **Exclusions** section in the Basic Policy.

No Base Monthly Benefits will be paid for a Total Disability as defined in this endorsement in which you can perform the Managerial Duties of Your Regular Occupation, but cannot perform the Manual Duties of Your Regular Occupation.

If the Residual Disability Rider is part of the Basic Policy, the following definition replaces the definition found in that rider.

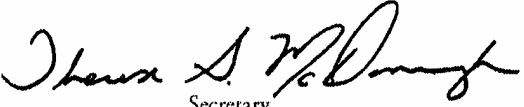
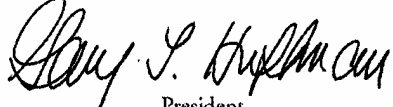
Residual Disability or Residually Disabled

You have a Residual Disability or you are Residually Disabled if due to Sickness or Injury:

- (1) you are not Totally Disabled as defined in this endorsement; and
- (2) you are working; and

- (3) you have a loss of Monthly Earnings that is at least 20% of your Monthly Earnings Before Disability; and
- (4) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness as defined in the Basic Policy; and
- (5) you are able to perform one or more, but not all, of the Substantial and Material Duties of any occupation or you are able to work in any occupation no more than 80% of the time you formerly spent before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision in the Basic Policy.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ Secretary  President]

SERFF Tracking Number:	ONFS-127140965	State:	Arkansas
Filing Company:	Ohio National Life Assurance Corporation	State Tracking Number:	48910
Company Tracking Number:	FORM 11DI-1, ET AL		
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups
Product Name:	2011 Disability Income		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	New
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Ohio National Life Assurance Corporation	%	%				%	%

SERFF Tracking Number: ONFS-127140965 State: Arkansas

Filing Company: Ohio National Life Assurance Corporation State Tracking Number: 48910

Company Tracking Number: FORM 11DI-1, ET AL

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups

Product Name: 2011 Disability Income

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 06/23/2011	DI-1 Policy Rates	11DI-1	New		DI-1 Policy Rates A State.pdf
Approved-Closed 06/23/2011	11DSI-1 Rider Rates	11DSI-1	New		11DSI-1 Rider Rates A State.pdf
Approved-Closed 06/23/2011	11DCL-1 & 11DGP-1 Rider Rates	11DCL-1, 11DGP-1	New		11DCL-1 & 11DGP-1 Rider Rates A State.pdf

RATE SCHEDULE PAGES FOR

NONCANCELLABLE DISABILITY INCOME POLICY POLICY FORM 11DI-1 and Associated Riders

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The rates shown on the attached rate schedule pages are the
initial Nonsmoker (non tobacco use) rates for the following forms:

POLICY FORM 11DI-1
and
RIDER FORMS 11DCL-1, 11DGP-1, and 11DSI-1

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For the step-rate premium option, the initial premium is equal to 87% of
the level premium for the same issue age. The ultimate premium is equal
to 95% of the level premium for the attained age at the time of the increase.

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For Smoker (tobacco use) rates, multiply the Nonsmoker (non tobacco use) rates by 1.25

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Unisex rates are a blend of the male/female rates

For all classes, Unisex rates are:

	80% of the male rates
plus	20% of the female rates

=====

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	37.90	29.70	25.40	21.10
26	38.55	30.24	25.87	21.54
27	39.60	31.13	26.65	22.31
28	40.96	32.29	27.66	23.32
29	42.51	33.62	28.83	24.49
30	44.15	35.02	30.06	25.74
31	45.76	36.41	31.29	26.98
32	47.25	37.68	32.41	28.11
33	48.51	38.75	33.36	29.07
34	49.43	39.52	34.05	29.76
35	49.90	39.90	34.40	30.10
36	51.02	40.64	35.18	30.77
37	53.70	42.39	37.05	32.36
38	57.55	44.91	39.73	34.65
39	62.19	47.94	42.96	37.40
40	67.22	51.24	46.48	40.39
41	72.28	54.54	50.00	43.38
42	76.96	57.61	53.28	46.16
43	80.88	60.20	56.03	48.49
44	83.65	62.04	57.99	50.15
45	84.90	62.90	58.90	50.90
46	86.36	64.19	60.21	51.86
47	89.71	67.20	63.28	54.10
48	94.48	71.52	67.66	57.29
49	100.20	76.71	72.93	61.12
50	106.41	82.34	78.64	65.27
51	112.62	87.98	84.37	69.44
52	118.37	93.21	89.67	73.30
53	123.18	97.59	94.12	76.54
54	126.58	100.70	97.27	78.84
55	128.10	102.10	98.70	79.90
56	131.46	105.57	102.28	82.94
57	138.25	112.68	109.62	89.25
58	146.14	120.93	118.15	96.60
59	152.77	127.85	125.29	102.76
60	155.78	130.93	128.46	105.48

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	58.40	45.90	38.90	33.30
26	59.34	46.74	39.90	34.05
27	60.83	48.13	41.76	35.39
28	62.73	49.95	44.25	37.17
29	64.88	52.03	47.15	39.24
30	67.14	54.23	50.24	41.43
31	69.37	56.40	53.30	43.60
32	71.40	58.40	56.09	45.59
33	73.10	60.08	58.41	47.24
34	74.32	61.30	60.02	48.39
35	74.90	61.90	60.70	48.90
36	75.95	63.15	61.09	49.38
37	78.43	66.13	61.89	50.47
38	81.97	70.40	63.02	52.01
39	86.24	75.53	64.35	53.86
40	90.86	81.10	65.78	55.86
41	95.48	86.66	67.22	57.86
42	99.76	91.80	68.55	59.72
43	103.32	96.07	69.68	61.27
44	105.82	99.05	70.50	62.39
45	106.90	100.30	70.90	62.90
46	107.75	100.94	71.70	63.65
47	109.62	102.25	73.60	65.41
48	112.26	104.06	76.33	67.93
49	115.42	106.22	79.62	70.95
50	118.84	108.54	83.20	74.24
51	122.26	110.87	86.79	77.54
52	125.43	113.04	90.13	80.60
53	128.10	114.88	92.94	83.18
54	130.01	116.22	94.95	85.03
55	130.90	116.90	95.90	85.90
56	133.98	120.58	99.24	89.00
57	140.46	128.52	106.29	95.54
58	148.06	137.86	114.53	103.19
59	154.48	145.73	121.45	109.60
60	157.41	149.24	124.52	112.45

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	35.10	28.30	24.30	20.90
26	35.76	28.83	24.73	21.28
27	36.87	29.71	25.45	21.91
28	38.32	30.86	26.37	22.73
29	39.99	32.18	27.42	23.67
30	41.75	33.58	28.54	24.66
31	43.50	34.96	29.64	25.64
32	45.11	36.23	30.65	26.54
33	46.45	37.29	31.50	27.29
34	47.42	38.04	32.10	27.83
35	47.90	38.40	32.40	28.10
36	48.84	39.00	32.96	28.62
37	51.06	40.42	34.28	29.85
38	54.26	42.45	36.18	31.62
39	58.10	44.89	38.47	33.74
40	62.27	47.54	40.95	36.05
41	66.45	50.20	43.44	38.36
42	70.32	52.67	45.75	40.49
43	73.57	54.74	47.69	42.28
44	75.87	56.22	49.07	43.54
45	76.90	56.90	49.70	44.10
46	78.12	57.86	50.57	44.67
47	80.94	60.10	52.59	45.97
48	84.95	63.29	55.48	47.82
49	89.76	67.14	58.94	50.03
50	94.97	71.30	62.70	52.43
51	100.18	75.48	66.47	54.84
52	105.00	79.34	69.96	57.07
53	109.02	82.58	72.89	58.94
54	111.85	84.87	74.96	60.28
55	113.10	85.90	75.90	60.90
56	115.22	88.26	78.21	62.88
57	119.37	93.05	82.96	67.02
58	124.16	98.62	88.47	71.85
59	128.20	103.29	93.09	75.91
60	130.10	105.41	95.17	77.72

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	57.90	43.50	35.90	30.90
26	58.84	44.37	36.71	31.56
27	60.33	45.88	38.18	32.73
28	62.23	47.85	40.12	34.28
29	64.38	50.13	42.38	36.07
30	66.65	52.53	44.77	37.97
31	68.87	54.91	47.14	39.84
32	70.91	57.08	49.30	41.55
33	72.61	58.88	51.10	42.97
34	73.82	60.14	52.35	43.97
35	74.40	60.70	52.90	44.40
36	75.41	61.26	53.36	44.79
37	77.78	62.53	54.38	45.66
38	81.18	64.33	55.83	46.89
39	85.27	66.49	57.55	48.35
40	89.69	68.82	59.41	49.94
41	94.10	71.15	61.27	51.53
42	98.18	73.30	62.99	53.00
43	101.56	75.09	64.43	54.23
44	103.92	76.35	65.45	55.10
45	104.90	76.90	65.90	55.50
46	105.31	77.38	66.40	56.01
47	106.12	78.46	67.55	57.19
48	107.23	79.99	69.19	58.87
49	108.53	81.83	71.16	60.89
50	109.93	83.81	73.29	63.09
51	111.33	85.81	75.44	65.30
52	112.62	87.66	77.43	67.34
53	113.72	89.22	79.11	69.07
54	114.51	90.35	80.32	70.31
55	114.90	90.90	80.90	70.90
56	116.71	93.22	83.24	73.11
57	120.61	98.18	88.22	77.80
58	125.21	104.00	94.07	83.28
59	129.13	108.91	98.99	87.90
60	130.99	111.14	101.20	89.96

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	34.50	27.90	23.90	19.40
26	35.14	28.35	24.29	19.78
27	36.23	29.07	24.92	20.43
28	37.64	29.99	25.72	21.28
29	39.26	31.03	26.62	22.26
30	40.97	32.13	27.58	23.30
31	42.67	33.20	28.52	24.33
32	44.22	34.19	29.39	25.28
33	45.52	35.02	30.11	26.07
34	46.45	35.61	30.64	26.63
35	46.90	35.90	30.90	26.90
36	47.68	36.46	31.45	27.36
37	49.53	37.77	32.75	28.46
38	52.18	39.66	34.61	30.02
39	55.36	41.93	36.86	31.91
40	58.81	44.40	39.30	33.95
41	62.27	46.88	41.75	35.99
42	65.48	49.17	44.02	37.89
43	68.16	51.09	45.92	39.48
44	70.05	52.46	47.28	40.60
45	70.90	53.08	47.90	41.10
46	71.86	53.88	48.73	41.67
47	74.05	55.72	50.67	42.97
48	77.16	58.36	53.43	44.82
49	80.90	61.52	56.75	47.04
50	84.94	64.95	60.34	49.45
51	88.98	68.38	63.94	51.86
52	92.70	71.56	67.27	54.10
53	95.80	74.21	70.06	55.97
54	97.97	76.08	72.03	57.30
55	98.90	76.90	72.90	57.90
56	99.71	78.38	74.64	59.44
57	101.06	81.30	78.12	62.62
58	102.59	84.68	82.14	66.32
59	103.92	87.53	85.53	69.43
60	104.66	88.87	87.08	70.84

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	56.90	39.90	34.70	28.90
26	57.78	40.81	35.41	29.50
27	59.15	42.45	36.65	30.54
28	60.88	44.62	38.28	31.92
29	62.84	47.14	40.17	33.51
30	64.89	49.82	42.16	35.19
31	66.90	52.46	44.12	36.85
32	68.74	54.88	45.92	38.37
33	70.27	56.89	47.41	39.63
34	71.37	58.29	48.45	40.51
35	71.90	58.90	48.90	40.90
36	72.86	59.40	49.29	41.28
37	75.12	60.51	50.16	42.15
38	78.36	62.07	51.39	43.37
39	82.24	63.94	52.86	44.83
40	86.45	65.95	54.44	46.41
41	90.66	67.96	56.02	47.99
42	94.53	69.81	57.48	49.45
43	97.75	71.35	58.69	50.67
44	99.98	72.43	59.54	51.52
45	100.90	72.90	59.90	51.90
46	101.19	73.26	60.15	52.24
47	101.70	74.03	60.69	53.02
48	102.38	75.13	61.46	54.11
49	103.17	76.44	62.37	55.42
50	104.01	77.86	63.35	56.84
51	104.84	79.29	64.34	58.27
52	105.60	80.61	65.26	59.59
53	106.24	81.72	66.05	60.71
54	106.69	82.52	66.61	61.51
55	106.90	82.90	66.90	61.90
56	107.52	84.35	68.36	63.47
57	108.83	87.44	71.50	66.82
58	110.38	91.07	75.20	70.75
59	111.77	94.15	78.34	74.06
60	112.56	95.60	79.78	75.57

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	22.30	19.40	17.40	13.90
26	22.84	19.66	17.63	14.11
27	23.84	20.04	17.95	14.44
28	25.17	20.50	18.34	14.85
29	26.71	21.01	18.78	15.31
30	28.36	21.54	19.23	15.79
31	30.00	22.06	19.67	16.27
32	31.51	22.54	20.07	16.71
33	32.77	22.94	20.42	17.09
34	33.68	23.24	20.67	17.36
35	34.10	23.40	20.80	17.50
36	34.78	23.82	21.16	17.86
37	36.39	24.84	22.03	18.73
38	38.69	26.30	23.28	19.97
39	41.46	28.07	24.78	21.47
40	44.47	29.99	26.43	23.10
41	47.48	31.93	28.08	24.74
42	50.28	33.73	29.61	26.27
43	52.64	35.26	30.91	27.55
44	54.32	36.36	31.85	28.47
45	55.10	36.90	32.30	28.90
46	56.28	37.95	33.12	29.57
47	59.06	40.43	35.07	31.15
48	63.02	44.01	37.87	33.40
49	67.78	48.30	41.24	36.12
50	72.95	52.97	44.90	39.07
51	78.12	57.64	48.58	42.02
52	82.89	61.97	51.99	44.77
53	86.88	65.60	54.87	47.08
54	89.68	68.16	56.93	48.73
55	90.90	69.30	57.90	49.50
56	92.66	71.70	61.33	52.02
57	96.03	76.53	68.55	57.30
58	99.89	82.12	76.99	63.45
59	103.13	86.79	84.03	68.60
60	104.66	88.87	87.08	70.84

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	39.90	22.90	20.10	16.90
26	40.79	23.37	20.53	17.29
27	42.39	24.19	21.29	18.01
28	44.50	25.27	22.29	18.96
29	46.95	26.52	23.44	20.06
30	49.56	27.84	24.67	21.24
31	52.13	29.15	25.88	22.41
32	54.48	30.35	27.00	23.48
33	56.43	31.35	27.93	24.37
34	57.80	32.07	28.59	25.01
35	58.40	32.40	28.90	25.30
36	58.94	32.92	29.35	25.72
37	60.14	34.12	30.38	26.69
38	61.85	35.84	31.87	28.08
39	63.88	37.91	33.65	29.75
40	66.09	40.16	35.59	31.56
41	68.30	42.42	37.53	33.38
42	70.35	44.51	39.33	35.06
43	72.08	46.27	40.84	36.46
44	73.32	47.52	41.91	37.46
45	73.90	48.10	42.40	37.90
46	74.85	48.92	43.05	38.40
47	77.10	50.82	44.55	39.55
48	80.31	53.55	46.69	41.18
49	84.17	56.82	49.26	43.14
50	88.36	60.37	52.06	45.27
51	92.55	63.93	54.86	47.41
52	96.42	67.24	57.45	49.41
53	99.65	70.01	59.63	51.09
54	101.92	71.99	61.19	52.31
55	102.90	72.90	61.90	52.90
56	104.15	75.59	64.01	55.52
57	106.47	81.19	68.42	61.12
58	109.14	87.71	73.56	67.68
59	111.41	93.18	77.86	73.17
60	112.56	95.60	79.78	75.57

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	18.40	16.40	14.40
26	18.69	16.60	14.60
27	19.14	16.87	14.89
28	19.71	17.19	15.25
29	20.35	17.53	15.66
30	21.03	17.89	16.08
31	21.70	18.24	16.49
32	22.31	18.55	16.86
33	22.83	18.81	17.17
34	23.21	19.00	17.39
35	23.40	19.10	17.50
36	23.85	19.32	17.69
37	24.91	19.83	18.14
38	26.44	20.56	18.77
39	28.28	21.45	19.54
40	30.28	22.42	20.38
41	32.30	23.39	21.23
42	34.17	24.30	22.01
43	35.74	25.07	22.68
44	36.87	25.63	23.16
45	37.40	25.90	23.40
46	38.23	26.45	23.88
47	40.19	27.75	25.03
48	42.99	29.62	26.68
49	46.36	31.87	28.67
50	50.02	34.31	30.82
51	53.69	36.76	32.99
52	57.09	39.03	34.99
53	59.94	40.94	36.67
54	61.97	42.29	37.86
55	62.90	42.90	38.40
56	65.45	44.44	39.69
57	70.72	47.60	42.34
58	76.86	51.26	45.42
59	82.00	54.34	47.99
60	84.26	55.70	49.14
61	89.32	58.93	51.89
62	94.59	62.29	54.74
63	100.08	65.78	57.70
64	105.78	69.40	60.76
65	111.70	73.15	63.92

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	25.90	18.90	17.40
26	26.36	19.19	17.60
27	27.12	19.65	17.85
28	28.10	20.23	18.14
29	29.23	20.89	18.46
30	30.42	21.58	18.78
31	31.59	22.25	19.10
32	32.66	22.86	19.38
33	33.56	23.37	19.62
34	34.20	23.73	19.80
35	34.50	23.90	19.90
36	35.01	24.13	20.22
37	36.20	24.67	20.99
38	37.90	25.43	22.09
39	39.94	26.35	23.42
40	42.16	27.35	24.87
41	44.39	28.35	26.32
42	46.44	29.28	27.66
43	48.16	30.07	28.77
44	49.37	30.63	29.56
45	49.90	30.90	29.90
46	50.41	31.36	30.18
47	51.58	32.43	30.80
48	53.22	33.97	31.68
49	55.20	35.82	32.74
50	57.34	37.83	33.88
51	59.48	39.85	35.02
52	61.47	41.72	36.08
53	63.14	43.29	36.97
54	64.34	44.40	37.60
55	64.90	44.90	37.90
56	66.80	46.15	38.90
57	70.81	48.71	41.01
58	75.49	51.69	43.48
59	79.43	54.20	45.56
60	81.20	55.33	46.50
61	83.64	56.93	47.80
62	86.07	58.52	49.09
63	88.48	60.10	50.37
64	90.87	61.66	51.63
65	93.23	63.20	52.87

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	41.90	31.90	27.90	23.40
26	42.73	32.58	28.41	23.84
27	44.15	33.78	29.26	24.57
28	46.02	35.36	30.36	25.53
29	48.17	37.19	31.63	26.63
30	50.45	39.14	32.97	27.79
31	52.71	41.07	34.30	28.94
32	54.79	42.84	35.52	30.01
33	56.53	44.33	36.56	30.91
34	57.79	45.39	37.31	31.57
35	58.40	45.90	37.70	31.90
36	59.58	46.78	38.62	32.68
37	62.37	48.84	40.81	34.55
38	66.38	51.79	43.96	37.23
39	71.20	55.35	47.76	40.47
40	76.43	59.21	51.89	43.99
41	81.69	63.09	56.03	47.52
42	86.56	66.69	59.87	50.79
43	90.65	69.72	63.08	53.54
44	93.57	71.89	65.37	55.50
45	94.90	72.90	66.40	56.40
46	96.73	74.47	67.69	57.64
47	100.98	78.17	70.66	60.53
48	107.05	83.45	74.90	64.65
49	114.35	89.81	79.98	69.61
50	122.26	96.71	85.50	74.99
51	130.18	103.62	91.03	80.38
52	137.51	110.02	96.16	85.38
53	143.64	115.39	100.45	89.57
54	147.97	119.19	103.51	92.55
55	149.90	120.90	104.90	93.90
56	153.86	125.02	108.67	97.50
57	161.82	133.44	116.47	104.92
58	171.05	143.21	125.55	113.55
59	178.78	151.39	133.16	120.78
60	182.30	155.04	136.53	123.97

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	66.90	48.70	41.90	35.70
26	67.86	49.84	42.90	36.48
27	69.30	51.89	44.71	37.87
28	71.10	54.64	47.13	39.71
29	73.11	57.82	49.95	41.84
30	75.22	61.21	52.95	44.11
31	77.28	64.57	55.92	46.35
32	79.17	67.66	58.65	48.41
33	80.76	70.23	60.93	50.13
34	81.91	72.06	62.55	51.34
35	82.50	72.90	63.30	51.90
36	83.87	74.08	64.36	52.67
37	87.14	76.83	66.82	54.45
38	91.84	80.75	70.34	57.00
39	97.50	85.45	74.55	60.06
40	103.63	90.54	79.12	63.37
41	109.77	95.63	83.68	66.69
42	115.44	100.32	87.90	69.75
43	120.17	104.23	91.40	72.31
44	123.48	106.95	93.86	74.11
45	124.90	108.10	94.90	74.90
46	125.91	108.73	95.56	75.62
47	128.10	110.05	96.96	77.24
48	131.19	111.88	98.92	79.54
49	134.87	114.05	101.26	82.29
50	138.85	116.41	103.79	85.27
51	142.84	118.77	106.33	88.26
52	146.53	120.97	108.70	91.04
53	149.64	122.83	110.70	93.39
54	151.86	124.20	112.16	95.08
55	152.90	124.90	112.90	95.90
56	156.49	128.82	116.74	99.32
57	164.07	137.31	125.03	106.62
58	172.95	147.30	134.76	115.17
59	180.44	155.70	142.95	122.35
60	183.87	159.46	146.59	125.54

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	38.90	30.30	27.40	22.90
26	39.67	30.87	27.85	23.34
27	40.99	31.84	28.56	24.08
28	42.71	33.09	29.47	25.04
29	44.71	34.54	30.51	26.15
30	46.82	36.07	31.60	27.33
31	48.91	37.59	32.68	28.49
32	50.84	38.98	33.67	29.56
33	52.46	40.15	34.50	30.45
34	53.63	40.99	35.10	31.09
35	54.20	41.40	35.40	31.40
36	55.33	42.19	36.06	31.94
37	58.03	44.08	37.63	33.21
38	61.89	46.78	39.88	35.03
39	66.54	50.02	42.60	37.23
40	71.59	53.55	45.55	39.60
41	76.66	57.08	48.51	41.98
42	81.34	60.36	51.25	44.19
43	85.27	63.10	53.54	46.03
44	88.05	65.03	55.17	47.33
45	89.30	65.90	55.90	47.90
46	90.75	66.88	56.77	48.48
47	94.10	69.13	58.79	49.79
48	98.87	72.33	61.65	51.66
49	104.58	76.16	65.09	53.90
50	110.77	80.32	68.82	56.33
51	116.96	84.49	72.56	58.76
52	122.68	88.34	76.02	61.01
53	127.46	91.57	78.92	62.91
54	130.82	93.86	80.97	64.27
55	132.30	94.90	81.90	64.90
56	134.78	97.48	84.19	67.00
57	139.64	102.77	88.90	71.41
58	145.24	108.93	94.36	76.56
59	149.97	114.11	98.96	80.89
60	152.19	116.45	101.03	82.82

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	65.90	46.50	38.10	33.90
26	66.86	47.43	38.95	34.58
27	68.32	49.03	40.48	35.76
28	70.13	51.13	42.51	37.30
29	72.18	53.55	44.87	39.08
30	74.31	56.12	47.36	40.97
31	76.41	58.65	49.84	42.83
32	78.33	60.97	52.10	44.53
33	79.94	62.91	53.98	45.95
34	81.11	64.27	55.31	46.95
35	81.70	64.90	55.90	47.40
36	83.04	65.74	56.55	47.94
37	86.24	67.69	58.03	49.19
38	90.83	70.47	60.14	50.97
39	96.35	73.80	62.66	53.10
40	102.34	77.41	65.39	55.40
41	108.32	81.02	68.12	57.70
42	113.83	84.35	70.64	59.83
43	118.41	87.12	72.75	61.61
44	121.59	89.06	74.24	62.86
45	122.90	89.90	74.90	63.40
46	123.33	90.51	75.58	63.87
47	124.12	91.83	77.12	64.91
48	125.16	93.70	79.31	66.38
49	126.38	95.92	81.94	68.15
50	127.68	98.33	84.79	70.06
51	128.97	100.74	87.65	71.98
52	130.17	102.99	90.30	73.77
53	131.18	104.88	92.54	75.28
54	131.92	106.24	94.14	76.37
55	132.30	106.90	94.90	76.90
56	134.37	109.63	97.66	79.27
57	138.85	115.47	103.51	84.35
58	144.15	122.31	110.36	90.31
59	148.67	128.09	116.12	95.32
60	150.82	130.71	118.71	97.57

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	37.90	29.90	26.90	21.40
26	38.63	30.47	27.31	21.83
27	39.88	31.42	27.95	22.56
28	41.52	32.67	28.75	23.53
29	43.40	34.11	29.65	24.64
30	45.39	35.63	30.60	25.82
31	47.36	37.14	31.54	26.99
32	49.17	38.52	32.39	28.06
33	50.69	39.67	33.11	28.96
34	51.78	40.50	33.64	29.60
35	52.30	40.90	33.90	29.90
36	53.23	41.62	34.49	30.39
37	55.43	43.31	35.91	31.55
38	58.59	45.74	37.95	33.20
39	62.38	48.66	40.40	35.19
40	66.50	51.83	43.06	37.35
41	70.63	55.00	45.73	39.51
42	74.44	57.94	48.20	41.51
43	77.64	60.39	50.27	43.19
44	79.90	62.13	51.74	44.37
45	80.90	62.90	52.40	44.90
46	82.00	63.72	53.19	45.48
47	84.50	65.59	55.01	46.79
48	88.07	68.25	57.61	48.67
49	92.33	71.43	60.72	50.91
50	96.95	74.88	64.10	53.35
51	101.56	78.33	67.48	55.79
52	105.82	81.52	70.61	58.05
53	109.36	84.18	73.22	59.94
54	111.84	86.06	75.07	61.29
55	112.90	86.90	75.90	61.90
56	113.82	88.55	77.69	63.54
57	115.37	91.85	81.31	66.94
58	117.12	95.68	85.51	70.90
59	118.63	98.91	89.05	74.23
60	119.48	100.43	90.67	75.74

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	62.90	42.90	37.00	32.70
26	63.85	43.85	37.82	33.33
27	65.31	45.54	39.27	34.40
28	67.15	47.79	41.20	35.80
29	69.22	50.39	43.43	37.40
30	71.39	53.15	45.80	39.10
31	73.52	55.88	48.15	40.78
32	75.48	58.39	50.30	42.31
33	77.12	60.47	52.08	43.59
34	78.31	61.94	53.34	44.49
35	78.90	62.60	53.90	44.90
36	80.21	63.38	54.52	45.43
37	83.32	65.16	55.93	46.65
38	87.79	67.69	57.94	48.39
39	93.17	70.73	60.34	50.47
40	98.98	74.01	62.93	52.72
41	104.80	77.29	65.53	54.97
42	110.15	80.31	67.92	57.05
43	114.58	82.82	69.91	58.78
44	117.65	84.57	71.30	59.99
45	118.90	85.30	71.90	60.50
46	119.07	85.64	72.30	60.81
47	119.23	86.33	73.16	61.47
48	119.36	87.28	74.37	62.38
49	119.48	88.40	75.80	63.48
50	119.58	89.60	77.36	64.66
51	119.66	90.81	78.92	65.84
52	119.74	91.93	80.37	66.95
53	119.80	92.87	81.59	67.88
54	119.85	93.56	82.47	68.56
55	119.90	93.90	82.90	68.90
56	120.55	95.52	84.72	70.63
57	122.01	99.01	88.62	74.35
58	123.77	103.13	93.20	78.73
59	125.34	106.63	97.08	82.43
60	126.24	108.28	98.86	84.11

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	26.10	19.90	18.40	15.40
26	26.62	20.21	18.65	15.62
27	27.51	20.71	19.03	15.95
28	28.67	21.33	19.49	16.36
29	30.01	22.04	20.00	16.82
30	31.44	22.79	20.54	17.31
31	32.85	23.53	21.06	17.78
32	34.15	24.20	21.55	18.22
33	35.24	24.77	21.95	18.59
34	36.02	25.19	22.25	18.86
35	36.40	25.40	22.40	19.00
36	37.12	25.90	22.78	19.38
37	38.83	27.08	23.68	20.28
38	41.29	28.79	24.99	21.58
39	44.25	30.85	26.56	23.14
40	47.46	33.09	28.27	24.85
41	50.69	35.34	29.99	26.56
42	53.69	37.44	31.59	28.15
43	56.22	39.21	32.95	29.49
44	58.04	40.49	33.93	30.45
45	58.90	41.10	34.40	30.90
46	60.34	42.19	35.28	31.62
47	63.74	44.79	37.38	33.30
48	68.61	48.50	40.39	35.71
49	74.47	52.98	44.01	38.61
50	80.82	57.83	47.95	41.75
51	87.18	62.70	51.90	44.92
52	93.05	67.22	55.58	47.85
53	97.95	71.00	58.66	50.32
54	101.40	73.69	60.87	52.08
55	102.90	74.90	61.90	52.90
56	105.04	77.97	65.29	55.59
57	109.10	84.28	72.42	61.24
58	113.75	91.61	80.72	67.83
59	117.66	97.73	87.66	73.34
60	119.48	100.43	90.67	75.74

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	42.30	25.90	23.50	19.90
26	43.26	26.44	23.97	20.30
27	44.97	27.39	24.79	20.99
28	47.25	28.63	25.87	21.90
29	49.90	30.08	27.10	22.95
30	52.71	31.61	28.42	24.07
31	55.49	33.12	29.71	25.17
32	58.03	34.52	30.90	26.18
33	60.15	35.68	31.89	27.02
34	61.64	36.51	32.58	27.62
35	62.30	36.90	32.90	27.90
36	63.01	37.52	33.30	28.33
37	64.61	38.99	34.22	29.33
38	66.88	41.08	35.53	30.76
39	69.60	43.60	37.11	32.49
40	72.56	46.33	38.82	34.35
41	75.51	49.07	40.54	36.23
42	78.24	51.60	42.14	37.96
43	80.54	53.73	43.48	39.41
44	82.16	55.23	44.44	40.44
45	82.90	55.90	44.90	40.90
46	83.84	56.67	45.65	41.44
47	86.01	58.43	47.40	42.67
48	89.11	60.95	49.92	44.43
49	92.82	63.97	52.95	46.54
50	96.85	67.24	56.24	48.84
51	100.88	70.53	59.55	51.15
52	104.61	73.59	62.63	53.30
53	107.73	76.17	65.23	55.13
54	109.93	78.02	67.11	56.45
55	110.90	78.90	68.00	57.10
56	112.77	82.32	71.59	60.21
57	116.50	89.57	79.22	66.89
58	120.83	98.05	88.15	74.72
59	124.50	105.16	95.61	81.26
60	126.24	108.28	98.86	84.11

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	19.90	17.40	15.90
26	20.20	17.63	16.09
27	20.65	17.96	16.35
28	21.22	18.36	16.66
29	21.87	18.80	16.99
30	22.54	19.25	17.34
31	23.21	19.70	17.67
32	23.82	20.10	17.97
33	24.33	20.44	18.23
34	24.71	20.68	18.41
35	24.90	20.80	18.50
36	25.37	21.02	18.70
37	26.51	21.55	19.18
38	28.14	22.30	19.88
39	30.11	23.21	20.71
40	32.25	24.20	21.62
41	34.41	25.19	22.54
42	36.41	26.13	23.39
43	38.10	26.92	24.11
44	39.32	27.50	24.64
45	39.90	27.80	24.90
46	40.91	28.50	25.44
47	43.28	30.17	26.74
48	46.69	32.58	28.60
49	50.79	35.48	30.84
50	55.25	38.64	33.27
51	59.71	41.80	35.70
52	63.85	44.73	37.96
53	67.32	47.18	39.86
54	69.78	48.92	41.20
55	70.90	49.70	41.80
56	73.79	51.50	43.21
57	79.74	55.16	46.10
58	86.65	59.40	49.44
59	92.43	62.95	52.24
60	94.98	64.53	53.49
61	100.68	68.27	56.49
62	106.62	72.16	59.60
63	112.80	76.20	62.82
64	119.23	80.39	66.15
65	125.91	84.73	69.59

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

NONCANCELLABLE DISABILITY INCOME INSURANCE
POLICY FORM 11DI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	28.90	20.10	17.90
26	29.50	20.49	18.20
27	30.50	21.12	18.67
28	31.80	21.92	19.25
29	33.28	22.84	19.90
30	34.85	23.81	20.58
31	36.39	24.76	21.25
32	37.80	25.63	21.86
33	38.98	26.35	22.36
34	39.81	26.86	22.73
35	40.20	27.10	22.90
36	40.69	27.40	23.17
37	41.78	28.08	23.78
38	43.35	29.04	24.65
39	45.22	30.19	25.70
40	47.24	31.44	26.84
41	49.27	32.69	27.99
42	51.16	33.86	29.05
43	52.74	34.84	29.95
44	53.87	35.56	30.59
45	54.40	35.90	30.90
46	55.09	36.46	31.37
47	56.68	37.78	32.45
48	58.94	39.65	33.99
49	61.64	41.90	35.85
50	64.58	44.34	37.86
51	67.52	46.79	39.87
52	70.24	49.05	41.73
53	72.53	50.95	43.29
54	74.15	52.29	44.40
55	74.90	52.90	44.90
56	76.65	54.08	45.87
57	80.18	56.38	47.78
58	84.27	59.05	49.98
59	87.72	61.29	51.84
60	89.32	62.34	52.71
61	92.00	64.15	54.19
62	94.67	65.95	55.65
63	97.32	67.73	57.10
64	99.95	69.49	58.53
65	102.55	71.23	59.93

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

CONDITIONALLY RENEWABLE RATES FOR
POLICY FORM 11DI-1
TWO YEAR BENEFIT PERIOD (Ages 65 - 74)
ONE YEAR BENEFIT PERIOD (Ages 75+)
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
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OCCUPATION CLASS 5M - MALE NONSMOKER

65	84.89	54.86	46.02	37.74
66	89.13	57.60	48.32	39.62
67	93.59	60.48	50.74	41.61
68	98.27	63.50	53.28	43.69
69	103.18	66.68	55.94	45.87
70	108.34	70.01	58.74	48.17
71	113.76	73.51	61.68	50.58
72	119.45	77.19	64.76	53.10
73	125.42	81.05	68.00	55.76
74	131.69	85.10	71.40	58.55
75+	118.52	70.63	54.26	40.40

OCCUPATION CLASS 4M - MALE NONSMOKER

65	95.69	64.39	52.89	43.37
66	100.47	67.61	55.53	45.53
67	105.49	70.99	58.31	47.81
68	110.76	74.54	61.23	50.21
69	116.30	78.27	64.29	52.72
70	122.12	82.18	67.50	55.35
71	128.23	86.29	70.88	58.12
72	134.64	90.60	74.42	61.02
73	141.37	95.13	78.14	64.07
74	148.44	99.89	82.05	67.28
75+	133.60	82.91	62.36	46.42

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

CONDITIONALLY RENEWABLE RATES FOR
POLICY FORM 11DI-1
TWO YEAR BENEFIT PERIOD (Ages 65 - 74)
ONE YEAR BENEFIT PERIOD (Ages 75+)
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
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OCCUPATION CLASS 5M - FEMALE NONSMOKER

65	68.06	45.50	35.42	28.34
66	71.46	47.78	37.19	29.75
67	75.03	50.17	39.05	31.24
68	78.78	52.68	41.00	32.80
69	82.72	55.31	43.05	34.44
70	86.86	58.08	45.20	36.16
71	91.20	60.98	47.46	37.97
72	95.76	64.03	49.83	39.86
73	100.55	67.23	52.32	41.86
74	105.58	70.59	54.94	43.95
75+	95.02	58.59	41.75	30.33

OCCUPATION CLASS 4M - FEMALE NONSMOKER

65	74.86	51.29	40.15	32.12
66	78.60	53.85	42.16	33.73
67	82.53	56.54	44.27	35.42
68	86.66	59.37	46.48	37.18
69	90.99	62.34	48.80	39.04
70	95.54	65.46	51.24	40.99
71	100.32	68.73	53.80	43.04
72	105.34	72.17	56.49	45.19
73	110.61	75.78	59.31	47.45
74	116.14	79.57	62.28	49.82
75+	104.53	66.04	47.33	34.38

\$75 POLICY FEE
PREMIUM PER \$100 MONTHLY INCOME
IS REDUCED BY \$4 FOR UNITS IN
EXCESS OF 20.

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	29.56	23.17	19.81	16.46
26	30.05	23.58	20.16	16.79
27	30.84	24.24	20.75	17.37
28	31.84	25.11	21.51	18.13
29	32.99	26.09	22.37	19.01
30	34.20	27.13	23.29	19.94
31	35.39	28.16	24.20	20.86
32	36.49	29.10	25.03	21.71
33	37.41	29.88	25.73	22.42
34	38.08	30.45	26.24	22.93
35	38.42	30.72	26.49	23.18
36	39.18	31.21	27.02	23.63
37	40.98	32.37	28.28	24.70
38	43.57	34.03	30.08	26.24
39	46.69	36.03	32.25	28.08
40	50.07	38.20	34.62	30.09
41	53.47	40.38	36.99	32.10
42	56.62	42.41	39.20	33.97
43	59.26	44.12	41.05	35.53
44	61.13	45.34	42.38	36.65
45	61.98	45.92	43.00	37.16
46	63.04	46.85	43.95	37.86
47	65.48	49.05	46.19	39.49
48	68.96	52.20	49.38	41.81
49	73.14	55.99	53.23	44.61
50	77.67	60.10	57.40	47.64
51	82.20	64.22	61.58	50.69
52	86.40	68.04	65.46	53.51
53	89.91	71.24	68.70	55.87
54	92.40	73.51	71.01	57.56
55	93.51	74.53	72.05	58.33
56	95.96	77.06	74.66	60.55
57	100.92	82.25	80.02	65.15
58	106.68	88.28	86.25	70.52
59	111.52	93.33	91.46	75.01
60	113.72	95.58	93.77	77.00

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	44.38	34.88	29.56	25.31
26	45.12	35.54	30.34	25.90
27	46.32	36.66	31.81	26.96
28	47.85	38.11	33.77	28.37
29	49.60	39.78	36.07	30.01
30	51.44	41.55	38.51	31.76
31	53.24	43.30	40.93	33.48
32	54.89	44.90	43.13	35.05
33	56.26	46.25	44.96	36.35
34	57.23	47.20	46.22	37.26
35	57.67	47.66	46.74	37.65
36	58.28	48.44	46.91	37.91
37	59.70	50.27	47.20	38.46
38	61.72	52.89	47.59	39.23
39	64.14	56.03	48.05	40.14
40	66.76	59.44	48.54	41.13
41	69.39	62.85	49.02	42.12
42	71.82	65.99	49.48	43.05
43	73.85	68.61	49.87	43.82
44	75.27	70.44	50.17	44.39
45	75.90	71.21	50.34	44.66
46	76.49	71.65	50.89	45.18
47	77.81	72.57	52.24	46.43
48	79.68	73.86	54.17	48.21
49	81.92	75.39	56.51	50.36
50	84.35	77.04	59.05	52.69
51	86.78	78.70	61.61	55.04
52	89.04	80.25	63.98	57.22
53	90.94	81.56	65.98	59.06
54	92.30	82.52	67.42	60.37
55	92.94	83.00	68.09	60.99
56	95.12	85.61	70.46	63.19
57	99.73	91.25	75.46	67.83
58	105.12	97.88	81.32	73.26
59	109.68	103.47	86.23	77.82
60	111.76	105.96	88.41	79.84

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	27.38	22.07	18.95	16.30
26	27.90	22.48	19.29	16.60
27	28.77	23.17	19.85	17.09
28	29.90	24.08	20.57	17.73
29	31.21	25.11	21.40	18.47
30	32.59	26.20	22.27	19.24
31	33.95	27.28	23.13	20.01
32	35.20	28.27	23.92	20.71
33	36.25	29.09	24.58	21.30
34	37.00	29.68	25.05	21.72
35	37.36	29.95	25.27	21.92
36	38.00	30.35	25.64	22.27
37	39.50	31.28	26.53	23.09
38	41.65	32.61	27.79	24.28
39	44.23	34.21	29.30	25.70
40	47.04	35.95	30.95	27.24
41	49.86	37.70	32.61	28.78
42	52.46	39.32	34.14	30.21
43	54.65	40.68	35.43	31.41
44	56.21	41.66	36.35	32.25
45	56.91	42.11	36.78	32.63
46	57.81	42.81	37.42	33.05
47	59.89	44.47	38.91	34.01
48	62.85	46.83	41.05	35.38
49	66.41	49.67	43.61	37.02
50	70.27	52.76	46.40	38.79
51	74.12	55.85	49.19	40.58
52	77.69	58.71	51.77	42.23
53	80.67	61.11	53.94	43.62
54	82.77	62.81	55.48	44.61
55	83.69	63.57	56.17	45.07
56	85.26	65.31	57.88	46.53
57	88.33	68.86	61.39	49.60
58	91.87	72.98	65.47	53.17
59	94.86	76.44	68.89	56.18
60	96.27	78.01	70.43	57.52

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	44.00	33.06	27.28	23.48
26	44.71	33.72	27.90	23.98
27	45.85	34.87	29.02	24.88
28	47.30	36.37	30.50	26.06
29	48.94	38.11	32.21	27.42
30	50.67	39.94	34.04	28.86
31	52.37	41.75	35.84	30.29
32	53.91	43.40	37.48	31.59
33	55.20	44.76	38.85	32.67
34	56.12	45.72	39.79	33.42
35	56.54	46.13	40.20	33.74
36	57.18	46.46	40.47	33.97
37	58.66	47.19	41.04	34.46
38	60.78	48.22	41.85	35.14
39	63.32	49.44	42.80	35.96
40	66.07	50.77	43.84	36.85
41	68.81	52.09	44.87	37.73
42	71.34	53.31	45.82	38.55
43	73.45	54.33	46.62	39.24
44	74.92	55.05	47.19	39.73
45	75.53	55.37	47.45	39.96
46	75.82	55.71	47.80	40.32
47	76.39	56.48	48.63	41.17
48	77.19	57.58	49.81	42.38
49	78.13	58.90	51.22	43.83
50	79.14	60.33	52.76	45.42
51	80.15	61.77	54.31	47.01
52	81.08	63.11	55.74	48.48
53	81.87	64.24	56.96	49.73
54	82.45	65.06	57.83	50.63
55	82.73	65.45	58.25	51.05
56	84.04	67.12	59.94	52.64
57	86.84	70.69	63.52	56.01
58	90.15	74.88	67.73	59.96
59	92.98	78.41	71.28	63.28
60	94.32	80.02	72.87	64.77

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	27.26	22.04	18.88	15.33
26	27.74	22.37	19.17	15.61
27	28.52	22.89	19.62	16.08
28	29.53	23.53	20.18	16.70
29	30.69	24.26	20.81	17.40
30	31.91	25.02	21.48	18.14
31	33.11	25.77	22.14	18.88
32	34.21	26.46	22.74	19.55
33	35.13	27.03	23.24	20.12
34	35.79	27.44	23.61	20.52
35	36.11	27.64	23.79	20.71
36	36.67	28.03	24.18	21.04
37	37.98	28.96	25.10	21.82
38	39.86	30.30	26.43	22.93
39	42.11	31.90	28.03	24.27
40	44.57	33.65	29.77	25.72
41	47.02	35.40	31.52	27.18
42	49.30	37.02	33.14	28.53
43	51.21	38.39	34.51	29.66
44	52.57	39.36	35.48	30.47
45	53.18	39.81	35.93	30.83
46	53.95	40.45	36.60	31.29
47	55.75	41.95	38.16	32.35
48	58.30	44.10	40.39	33.87
49	61.37	46.68	43.07	35.69
50	64.68	49.47	45.98	37.66
51	68.00	52.27	48.89	39.64
52	71.06	54.86	51.58	41.47
53	73.61	57.02	53.84	43.00
54	75.39	58.54	55.43	44.09
55	76.15	59.21	56.13	44.58
56	76.78	60.36	57.48	45.77
57	77.83	62.61	60.15	48.22
58	79.01	65.21	63.25	51.07
59	80.02	67.40	65.86	53.46
60	80.59	68.43	67.05	54.54

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	42.68	29.93	26.03	21.68
26	43.34	30.61	26.56	22.13
27	44.37	31.84	27.50	22.91
28	45.67	33.47	28.72	23.95
29	47.14	35.37	30.13	25.14
30	48.68	37.38	31.63	26.40
31	50.19	39.36	33.10	27.65
32	51.57	41.18	34.45	28.79
33	52.72	42.68	35.57	29.73
34	53.54	43.73	36.34	30.39
35	53.93	44.18	36.68	30.68
36	54.58	44.51	36.94	30.93
37	56.12	45.23	37.49	31.50
38	58.32	46.23	38.28	32.30
39	60.96	47.43	39.22	33.25
40	63.82	48.73	40.22	34.28
41	66.67	50.02	41.23	35.32
42	69.31	51.21	42.16	36.27
43	71.50	52.20	42.94	37.07
44	73.02	52.91	43.49	37.64
45	73.66	53.22	43.73	37.89
46	73.97	53.55	43.97	38.20
47	74.58	54.31	44.52	38.90
48	75.43	55.38	45.30	39.90
49	76.44	56.67	46.23	41.10
50	77.51	58.07	47.24	42.41
51	78.59	59.47	48.25	43.72
52	79.58	60.77	49.20	44.94
53	80.40	61.86	49.99	45.96
54	80.98	62.64	50.56	46.70
55	81.24	63.00	50.84	47.04
56	81.74	64.12	51.96	48.25
57	82.73	66.47	54.35	50.79
58	83.90	69.22	57.16	53.77
59	84.95	71.55	59.54	56.29
60	85.54	72.65	60.63	57.43

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	19.85	17.27	15.49	12.37
26	20.29	17.47	15.66	12.53
27	21.07	17.73	15.89	12.77
28	22.10	18.04	16.14	13.06
29	23.29	18.37	16.42	13.38
30	24.56	18.70	16.70	13.71
31	25.83	19.03	16.97	14.03
32	26.99	19.33	17.22	14.33
33	27.96	19.59	17.43	14.59
34	28.66	19.78	17.59	14.78
35	28.99	19.89	17.68	14.88
36	29.57	20.25	17.99	15.19
37	30.94	21.11	18.72	15.92
38	32.90	22.36	19.79	16.98
39	35.26	23.87	21.07	18.26
40	37.82	25.51	22.47	19.65
41	40.38	27.16	23.88	21.05
42	42.77	28.69	25.19	22.34
43	44.77	29.99	26.29	23.43
44	46.19	30.92	27.08	24.21
45	46.84	31.37	27.46	24.57
46	47.73	32.18	28.09	25.08
47	49.82	34.08	29.57	26.27
48	52.79	36.82	31.70	27.98
49	56.36	40.11	34.26	30.03
50	60.23	43.68	37.05	32.25
51	64.10	47.25	39.84	34.48
52	67.67	50.56	42.43	36.55
53	70.65	53.32	44.62	38.29
54	72.73	55.27	46.18	39.53
55	73.63	56.13	46.90	40.10
56	74.57	57.66	49.28	41.81
57	76.26	60.69	54.26	45.38
58	78.16	64.18	60.07	49.54
59	79.78	67.10	64.93	53.01
60	80.59	68.43	67.05	54.54

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	33.92	19.47	17.09	14.37
26	34.68	19.87	17.45	14.71
27	36.04	20.57	18.10	15.31
28	37.83	21.49	18.95	16.12
29	39.92	22.55	19.93	17.06
30	42.13	23.67	20.98	18.06
31	44.32	24.78	22.01	19.05
32	46.32	25.80	22.96	19.97
33	47.98	26.66	23.75	20.73
34	49.14	27.26	24.31	21.26
35	49.64	27.54	24.57	21.51
36	50.06	27.95	24.92	21.84
37	50.97	28.90	25.74	22.61
38	52.26	30.27	26.92	23.72
39	53.80	31.90	28.32	25.04
40	55.47	33.68	29.85	26.47
41	57.14	35.46	31.38	27.90
42	58.69	37.11	32.79	29.23
43	59.99	38.49	33.98	30.34
44	60.91	39.47	34.81	31.12
45	61.34	39.92	35.19	31.46
46	61.97	40.48	35.63	31.79
47	63.44	41.79	36.64	32.54
48	65.54	43.65	38.08	33.61
49	68.06	45.88	39.80	34.89
50	70.79	48.31	41.68	36.28
51	73.52	50.74	43.55	37.67
52	76.05	53.00	45.30	38.97
53	78.15	54.89	46.76	40.07
54	79.63	56.24	47.80	40.87
55	80.26	56.86	48.28	41.26
56	80.95	58.72	49.73	43.12
57	82.20	62.61	52.77	47.11
58	83.63	67.15	56.32	51.79
59	84.87	70.95	59.29	55.71
60	85.54	72.65	60.63	57.43

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	17.30	15.42	13.54
26	17.55	15.59	13.72
27	17.94	15.82	13.96
28	18.43	16.07	14.27
29	18.97	16.35	14.60
30	19.54	16.63	14.94
31	20.10	16.90	15.28
32	20.62	17.14	15.58
33	21.05	17.35	15.83
34	21.37	17.49	16.01
35	21.53	17.57	16.10
36	21.92	17.75	16.26
37	22.84	18.18	16.63
38	24.16	18.80	17.17
39	25.75	19.55	17.81
40	27.49	20.37	18.52
41	29.23	21.19	19.23
42	30.85	21.95	19.89
43	32.22	22.60	20.45
44	33.20	23.08	20.86
45	33.66	23.31	21.06
46	34.41	23.80	21.49
47	36.17	24.97	22.53
48	38.69	26.65	24.01
49	41.72	28.68	25.80
50	45.02	30.88	27.74
51	48.32	33.08	29.69
52	51.38	35.13	31.49
53	53.95	36.84	33.00
54	55.78	38.06	34.08
55	56.61	38.61	34.56
56	58.90	39.99	35.73
57	63.65	42.84	38.11
58	69.17	46.14	40.88
59	73.79	48.90	43.20
60	75.83	50.13	44.23

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	23.83	17.39	16.01
26	24.23	17.64	16.18
27	24.88	18.03	16.38
28	25.71	18.51	16.61
29	26.65	19.05	16.85
30	27.64	19.61	17.09
31	28.62	20.17	17.32
32	29.52	20.67	17.52
33	30.26	21.08	17.70
34	30.80	21.37	17.83
35	31.05	21.51	17.91
36	31.47	21.70	18.18
37	32.47	22.13	18.82
38	33.89	22.75	19.75
39	35.59	23.50	20.87
40	37.45	24.30	22.08
41	39.30	25.12	23.30
42	41.02	25.87	24.42
43	42.45	26.51	25.36
44	43.46	26.97	26.02
45	43.91	27.19	26.31
46	44.36	27.59	26.56
47	45.38	28.53	27.10
48	46.83	29.89	27.88
49	48.57	31.52	28.80
50	50.45	33.29	29.81
51	52.34	35.07	30.81
52	54.09	36.71	31.74
53	55.56	38.09	32.53
54	56.62	39.07	33.09
55	57.11	39.51	33.35
56	58.78	40.61	34.23
57	62.31	42.87	36.09
58	66.43	45.49	38.26
59	69.89	47.69	40.09
60	71.45	48.69	40.92

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	19.44	14.04	12.66	12.24
26	19.76	14.23	12.85	12.43
27	20.28	14.51	13.15	12.73
28	20.94	14.85	13.51	13.11
29	21.72	15.24	13.94	13.54
30	22.51	15.64	14.37	13.99
31	23.30	16.03	14.79	14.43
32	24.02	16.39	15.19	14.83
33	24.64	16.70	15.52	15.17
34	25.08	16.92	15.75	15.41
35	25.31	17.05	15.87	15.52
36	25.80	17.39	16.11	15.66
37	26.97	18.23	16.70	16.03
38	28.65	19.43	17.54	16.54
39	30.67	20.89	18.54	17.15
40	32.89	22.47	19.64	17.82
41	35.09	24.06	20.74	18.50
42	37.13	25.53	21.78	19.14
43	38.85	26.77	22.65	19.68
44	40.08	27.67	23.28	20.08
45	40.65	28.10	23.60	20.30
46	41.44	28.83	24.23	20.90
47	43.29	30.55	25.75	22.32
48	45.93	33.01	27.94	24.38
49	49.10	35.96	30.56	26.85
50	52.54	39.19	33.41	29.55
51	56.00	42.40	36.26	32.25
52	59.18	45.39	38.91	34.75
53	61.85	47.88	41.12	36.85
54	63.73	49.64	42.70	38.34
55	64.57	50.43	43.40	39.00
56	66.27	52.16	44.99	40.51
57	69.71	55.68	48.22	43.60
58	73.68	59.76	51.97	47.17
59	77.00	63.17	55.10	50.16
60	78.52	64.68	56.49	51.48

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	22.91	18.33	15.95	14.90
26	23.48	18.79	16.36	15.23
27	24.53	19.63	17.12	15.82
28	25.93	20.74	18.13	16.62
29	27.58	22.03	19.32	17.51
30	29.33	23.40	20.59	18.49
31	31.06	24.77	21.83	19.44
32	32.65	26.03	22.98	20.31
33	33.98	27.08	23.93	21.03
34	34.91	27.82	24.60	21.54
35	35.34	28.14	24.89	21.77
36	35.87	28.50	25.16	22.00
37	37.10	29.32	25.75	22.53
38	38.85	30.48	26.58	23.28
39	40.96	31.86	27.57	24.18
40	43.22	33.37	28.65	25.14
41	45.50	34.88	29.73	26.13
42	47.59	36.27	30.73	27.03
43	49.35	37.44	31.56	27.78
44	50.56	38.27	32.17	28.33
45	51.09	38.64	32.43	28.57
46	51.45	39.06	32.81	28.90
47	52.27	40.05	33.69	29.67
48	53.41	41.44	34.95	30.77
49	54.76	43.12	36.47	32.10
50	56.24	44.92	38.11	33.54
51	57.70	46.74	39.75	34.98
52	59.06	48.43	41.29	36.32
53	60.22	49.87	42.57	37.44
54	61.04	50.88	43.51	38.26
55	61.43	51.36	43.94	38.64
56	62.86	53.01	45.46	40.03
57	65.91	56.52	48.70	42.98
58	69.48	60.60	52.48	46.41
59	72.48	64.04	55.65	49.30
60	73.86	65.57	57.05	50.58

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	19.02	13.74	12.54	11.94
26	19.35	13.94	12.73	12.12
27	19.89	14.23	12.99	12.41
28	20.60	14.60	13.34	12.77
29	21.39	15.01	13.72	13.19
30	22.23	15.45	14.13	13.61
31	23.06	15.88	14.52	14.03
32	23.82	16.25	14.87	14.42
33	24.45	16.58	15.17	14.73
34	24.92	16.81	15.38	14.95
35	25.14	16.92	15.48	15.06
36	25.57	17.13	15.62	15.21
37	26.59	17.62	15.95	15.54
38	28.06	18.32	16.41	16.02
39	29.82	19.15	16.98	16.60
40	31.73	20.08	17.59	17.23
41	33.67	20.99	18.21	17.86
42	35.43	21.85	18.78	18.44
43	36.93	22.56	19.26	18.92
44	37.99	23.07	19.60	19.27
45	38.47	23.31	19.77	19.43
46	39.08	23.64	20.03	19.66
47	40.47	24.45	20.66	20.18
48	42.47	25.59	21.56	20.94
49	44.88	26.95	22.64	21.83
50	47.47	28.43	23.82	22.81
51	50.07	29.92	24.99	23.80
52	52.47	31.30	26.08	24.71
53	54.47	32.46	26.99	25.46
54	55.89	33.28	27.65	26.00
55	56.51	33.65	27.95	26.27
56	57.57	34.57	28.79	27.11
57	59.64	36.44	30.53	28.90
58	62.03	38.63	32.57	30.98
59	64.05	40.46	34.28	32.74
60	65.01	41.30	35.05	33.52

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	22.56	17.46	15.02	13.05
26	23.08	17.80	15.39	13.34
27	24.01	18.36	16.06	13.86
28	25.27	19.10	16.97	14.56
29	26.72	19.96	18.02	15.36
30	28.26	20.86	19.13	16.21
31	29.79	21.75	20.22	17.04
32	31.20	22.57	21.24	17.80
33	32.37	23.25	22.08	18.44
34	33.20	23.74	22.66	18.89
35	33.58	23.96	22.91	19.08
36	34.10	24.27	23.09	19.22
37	35.32	25.01	23.47	19.54
38	37.05	26.05	23.99	20.00
39	39.12	27.32	24.63	20.54
40	41.37	28.68	25.32	21.13
41	43.61	30.05	25.99	21.71
42	45.68	31.32	26.63	22.25
43	47.39	32.36	27.15	22.70
44	48.59	33.10	27.53	23.02
45	49.09	33.43	27.71	23.17
46	49.32	33.71	27.94	23.35
47	49.75	34.35	28.48	23.76
48	50.35	35.24	29.24	24.35
49	51.05	36.32	30.16	25.06
50	51.81	37.50	31.16	25.82
51	52.56	38.67	32.17	26.59
52	53.26	39.76	33.10	27.32
53	53.85	40.67	33.89	27.93
54	54.29	41.33	34.46	28.36
55	54.49	41.63	34.73	28.57
56	55.35	42.72	35.73	29.45
57	57.21	44.98	37.88	31.35
58	59.38	47.64	40.37	33.56
59	61.22	49.89	42.49	35.41
60	62.11	50.90	43.43	36.25

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	18.85	13.06	12.14	11.53
26	19.13	13.23	12.29	11.70
27	19.59	13.50	12.52	11.93
28	20.16	13.84	12.79	12.23
29	20.81	14.19	13.10	12.57
30	21.48	14.57	13.41	12.92
31	22.16	14.95	13.71	13.26
32	22.76	15.28	13.99	13.57
33	23.27	15.56	14.22	13.83
34	23.65	15.77	14.38	14.01
35	23.84	15.87	14.46	14.10
36	24.26	16.07	14.60	14.24
37	25.27	16.55	14.93	14.58
38	26.72	17.25	15.41	15.05
39	28.45	18.08	15.98	15.63
40	30.35	18.99	16.62	16.26
41	32.25	19.89	17.23	16.89
42	34.01	20.74	17.82	17.47
43	35.48	21.45	18.31	17.96
44	36.54	21.95	18.64	18.31
45	37.00	22.18	18.81	18.47
46	37.55	22.50	19.04	18.70
47	38.86	23.23	19.59	19.22
48	40.71	24.27	20.37	19.97
49	42.93	25.54	21.31	20.88
50	45.33	26.91	22.33	21.86
51	47.73	28.27	23.34	22.85
52	49.94	29.56	24.29	23.75
53	51.78	30.61	25.08	24.53
54	53.08	31.36	25.65	25.07
55	53.63	31.68	25.90	25.31
56	54.08	32.29	26.51	25.91
57	54.82	33.49	27.73	27.15
58	55.65	34.89	29.17	28.58
59	56.36	36.07	30.38	29.80
60	56.75	36.62	30.94	30.35

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	21.61	17.05	14.31	12.26
26	22.12	17.34	14.65	12.55
27	23.04	17.79	15.24	13.05
28	24.26	18.39	16.04	13.72
29	25.69	19.05	16.96	14.52
30	27.21	19.76	17.93	15.35
31	28.72	20.47	18.92	16.18
32	30.10	21.09	19.79	16.94
33	31.24	21.62	20.53	17.56
34	32.07	22.01	21.05	18.00
35	32.44	22.18	21.27	18.19
36	32.95	22.46	21.44	18.34
37	34.09	23.08	21.81	18.69
38	35.75	23.98	22.33	19.16
39	37.74	25.07	22.96	19.73
40	39.88	26.23	23.65	20.35
41	42.03	27.41	24.31	20.96
42	44.00	28.49	24.95	21.53
43	45.63	29.40	25.47	22.00
44	46.77	30.04	25.84	22.35
45	47.25	30.32	26.02	22.50
46	47.43	30.63	26.25	22.69
47	47.79	31.33	26.80	23.13
48	48.28	32.34	27.57	23.75
49	48.85	33.53	28.51	24.51
50	49.46	34.84	29.53	25.33
51	50.06	36.14	30.56	26.16
52	50.63	37.34	31.50	26.93
53	51.09	38.34	32.30	27.57
54	51.41	39.06	32.86	28.03
55	51.56	39.38	33.12	28.24
56	51.87	40.10	33.88	28.98
57	52.49	41.58	35.43	30.50
58	53.24	43.28	37.25	32.29
59	53.90	44.73	38.79	33.79
60	54.28	45.41	39.50	34.48

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	14.62	12.00	11.29	9.16
26	14.81	12.12	11.39	9.29
27	15.07	12.27	11.52	9.49
28	15.39	12.43	11.64	9.74
29	15.73	12.59	11.78	10.03
30	16.09	12.76	11.91	10.32
31	16.45	12.93	12.02	10.61
32	16.78	13.07	12.12	10.87
33	17.05	13.19	12.22	11.10
34	17.25	13.29	12.28	11.25
35	17.36	13.34	12.33	11.33
36	17.65	13.53	12.46	11.49
37	18.35	13.98	12.79	11.85
38	19.36	14.64	13.27	12.38
39	20.59	15.43	13.84	13.01
40	21.90	16.30	14.46	13.71
41	23.24	17.17	15.09	14.40
42	24.48	17.99	15.67	15.04
43	25.52	18.66	16.17	15.58
44	26.26	19.14	16.53	15.97
45	26.60	19.37	16.69	16.15
46	27.12	19.71	16.98	16.45
47	28.30	20.49	17.64	17.15
48	30.02	21.61	18.62	18.13
49	32.07	22.96	19.78	19.33
50	34.29	24.42	21.04	20.62
51	36.53	25.89	22.30	21.92
52	38.60	27.24	23.46	23.12
53	40.33	28.39	24.45	24.12
54	41.57	29.18	25.14	24.82
55	42.15	29.55	25.45	25.14
56	43.87	30.40	26.12	25.78
57	47.48	32.14	27.47	27.05
58	51.69	34.16	29.03	28.54
59	55.21	35.86	30.34	29.78
60	56.75	36.62	30.94	30.35

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	20.17	13.34	12.00	10.93
26	20.65	13.66	12.25	11.10
27	21.49	14.26	12.69	11.38
28	22.62	15.07	13.26	11.74
29	23.95	16.00	13.92	12.14
30	25.33	16.99	14.63	12.57
31	26.71	17.96	15.32	12.99
32	27.99	18.86	15.95	13.36
33	29.04	19.61	16.48	13.68
34	29.77	20.14	16.85	13.91
35	30.09	20.37	17.02	14.01
36	30.37	20.58	17.18	14.16
37	31.01	21.07	17.55	14.53
38	31.92	21.76	18.06	15.06
39	33.01	22.58	18.69	15.70
40	34.18	23.47	19.34	16.38
41	35.36	24.36	20.02	17.06
42	36.44	25.18	20.64	17.70
43	37.35	25.88	21.17	18.24
44	37.99	26.37	21.53	18.61
45	38.29	26.59	21.71	18.79
46	38.68	26.88	21.96	19.02
47	39.56	27.55	22.54	19.54
48	40.84	28.50	23.37	20.29
49	42.35	29.65	24.37	21.18
50	44.01	30.91	25.46	22.16
51	45.65	32.17	26.55	23.13
52	47.17	33.33	27.57	24.04
53	48.46	34.31	28.43	24.81
54	49.35	35.01	29.04	25.36
55	49.74	35.34	29.34	25.62
56	50.30	36.51	30.51	26.66
57	51.40	38.99	33.02	28.84
58	52.66	41.89	35.95	31.40
59	53.73	44.32	38.42	33.54
60	54.28	45.41	39.50	34.48

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	13.23	11.71	9.43
26	13.39	11.83	9.56
27	13.61	11.96	9.75
28	13.88	12.11	9.99
29	14.17	12.25	10.24
30	14.47	12.40	10.51
31	14.76	12.54	10.77
32	15.02	12.67	11.01
33	15.24	12.76	11.20
34	15.40	12.84	11.34
35	15.47	12.88	11.40
36	15.60	12.97	11.46
37	15.89	13.18	11.64
38	16.31	13.49	11.87
39	16.81	13.87	12.16
40	17.36	14.27	12.46
41	17.91	14.69	12.78
42	18.44	15.07	13.07
43	18.88	15.40	13.31
44	19.20	15.64	13.50
45	19.37	15.77	13.61
46	19.77	16.06	13.88
47	20.76	16.78	14.54
48	22.16	17.80	15.48
49	23.85	19.05	16.63
50	25.69	20.39	17.88
51	27.55	21.74	19.13
52	29.26	22.99	20.28
53	30.70	24.04	21.24
54	31.72	24.79	21.94
55	32.18	25.13	22.25
56	33.49	26.02	23.00
57	36.18	27.87	24.54
58	39.33	30.04	26.32
59	41.95	31.83	27.81
60	43.11	32.63	28.47

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	15.31	12.88	11.77
26	15.64	13.04	11.88
27	16.21	13.24	11.99
28	16.96	13.49	12.12
29	17.83	13.76	12.24
30	18.76	14.04	12.36
31	19.66	14.31	12.47
32	20.50	14.56	12.57
33	21.19	14.76	12.64
34	21.68	14.91	12.70
35	21.89	14.98	12.74
36	22.09	15.11	12.86
37	22.55	15.43	13.14
38	23.20	15.90	13.54
39	23.97	16.47	14.00
40	24.80	17.08	14.53
41	25.65	17.69	15.05
42	26.44	18.25	15.54
43	27.09	18.74	15.94
44	27.57	19.08	16.24
45	27.79	19.25	16.38
46	28.19	19.52	16.62
47	29.14	20.17	17.18
48	30.49	21.11	17.99
49	32.12	22.23	18.96
50	33.89	23.45	20.03
51	35.66	24.67	21.08
52	37.30	25.80	22.05
53	38.69	26.74	22.89
54	39.66	27.42	23.47
55	40.11	27.72	23.73
56	41.31	28.49	24.37
57	43.78	30.08	25.71
58	46.67	31.91	27.25
59	49.09	33.47	28.54
60	50.18	34.17	29.12

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	32.26	24.56	21.48	18.02
26	32.90	25.08	21.87	18.36
27	34.00	26.01	22.53	18.92
28	35.44	27.23	23.38	19.66
29	37.10	28.65	24.36	20.51
30	38.87	30.15	25.40	21.41
31	40.61	31.64	26.43	22.30
32	42.21	33.00	27.37	23.12
33	43.55	34.15	28.17	23.81
34	44.51	34.96	28.74	24.31
35	44.97	35.34	29.03	24.56
36	45.76	35.92	29.65	25.09
37	47.62	37.29	31.14	26.36
38	50.28	39.24	33.27	28.18
39	53.49	41.59	35.84	30.37
40	56.97	44.14	38.63	32.75
41	60.47	46.71	41.44	35.14
42	63.71	49.09	44.03	37.36
43	66.43	51.10	46.21	39.22
44	68.38	52.54	47.76	40.55
45	69.28	53.22	48.47	41.17
46	70.60	54.36	49.40	42.07
47	73.70	57.05	51.57	44.18
48	78.14	60.91	54.66	47.19
49	83.46	65.55	58.38	50.81
50	89.24	70.59	62.41	54.74
51	95.02	75.64	66.45	58.68
52	100.38	80.31	70.19	62.33
53	104.86	84.23	73.33	65.39
54	108.02	87.01	75.56	67.56
55	109.43	88.26	76.58	68.55
56	112.32	91.27	79.33	71.18
57	118.13	97.41	85.03	76.59
58	124.86	104.55	91.66	82.90
59	130.51	110.52	97.21	88.17
60	133.08	113.18	99.67	90.50

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	48.84	35.55	30.59	26.06
26	49.60	36.43	31.36	26.67
27	50.79	38.05	32.79	27.77
28	52.29	40.23	34.71	29.23
29	53.99	42.75	36.94	30.93
30	55.78	45.45	39.32	32.74
31	57.53	48.12	41.68	34.53
32	59.13	50.56	43.84	36.18
33	60.46	52.60	45.64	37.54
34	61.42	54.04	46.91	38.50
35	61.88	54.68	47.48	38.93
36	62.72	55.40	48.13	39.39
37	64.69	57.05	49.61	40.44
38	67.52	59.38	51.72	41.94
39	70.92	62.18	54.24	43.73
40	74.61	65.21	56.97	45.66
41	78.30	68.23	59.70	47.60
42	81.71	71.02	62.22	49.40
43	84.56	73.35	64.32	50.90
44	86.56	74.97	65.79	51.96
45	87.43	75.67	66.43	52.43
46	88.17	76.14	66.91	52.95
47	89.81	77.15	67.97	54.16
48	92.14	78.56	69.47	55.87
49	94.92	80.25	71.26	57.92
50	97.93	82.08	73.20	60.15
51	100.95	83.92	75.14	62.39
52	103.75	85.64	76.95	64.47
53	106.10	87.09	78.49	66.22
54	107.78	88.15	79.61	67.48
55	108.56	88.68	80.16	68.09
56	111.12	91.47	82.89	70.52
57	116.50	97.50	88.78	75.71
58	122.80	104.59	95.69	81.77
59	128.12	110.55	101.50	86.87
60	130.55	113.22	104.08	89.13

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	30.34	23.63	21.37	17.86
26	30.94	24.08	21.72	18.20
27	31.97	24.83	22.28	18.78
28	33.33	25.82	22.99	19.54
29	34.89	26.95	23.81	20.41
30	36.54	28.15	24.66	21.33
31	38.18	29.33	25.50	22.23
32	39.68	30.42	26.27	23.07
33	40.94	31.33	26.92	23.76
34	41.85	31.98	27.38	24.26
35	42.28	32.29	27.61	24.49
36	43.05	32.83	28.05	24.85
37	44.88	34.09	29.11	25.70
38	47.50	35.91	30.62	26.91
39	50.65	38.09	32.44	28.36
40	54.07	40.46	34.42	29.94
41	57.50	42.83	36.40	31.52
42	60.67	45.03	38.24	32.98
43	63.34	46.87	39.78	34.20
44	65.23	48.18	40.87	35.06
45	66.08	48.77	41.37	35.45
46	67.15	49.49	42.01	35.87
47	69.62	51.15	43.50	36.84
48	73.15	53.51	45.62	38.23
49	77.37	56.35	48.16	39.88
50	81.95	59.43	50.93	41.68
51	86.54	62.52	53.69	43.48
52	90.77	65.37	56.25	45.15
53	94.31	67.77	58.40	46.56
54	96.81	69.46	59.92	47.56
55	97.90	70.23	60.61	48.03
56	99.74	72.14	62.31	49.58
57	103.33	76.06	65.79	52.85
58	107.48	80.62	69.84	56.66
59	110.97	84.45	73.23	59.86
60	112.62	86.18	74.77	61.29

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	48.77	34.41	28.19	25.09
26	49.51	35.12	28.84	25.61
27	50.66	36.36	30.02	26.52
28	52.10	37.99	31.59	27.72
29	53.73	39.88	33.41	29.10
30	55.44	41.88	35.35	30.57
31	57.11	43.85	37.26	32.02
32	58.64	45.65	39.01	33.34
33	59.92	47.15	40.47	34.44
34	60.83	48.21	41.49	35.21
35	61.28	48.68	41.93	35.55
36	62.13	49.20	42.33	35.88
37	64.15	50.38	43.21	36.62
38	67.05	52.07	44.45	37.67
39	70.53	54.08	45.94	38.92
40	74.30	56.26	47.55	40.28
41	78.06	58.44	49.16	41.64
42	81.53	60.45	50.65	42.89
43	84.42	62.13	51.89	43.94
44	86.42	63.31	52.78	44.68
45	87.26	63.83	53.18	45.01
46	87.60	64.28	53.68	45.36
47	88.25	65.30	54.85	46.15
48	89.13	66.74	56.50	47.28
49	90.17	68.46	58.50	48.64
50	91.29	70.33	60.66	50.11
51	92.41	72.21	62.83	51.59
52	93.44	73.94	64.85	52.97
53	94.31	75.41	66.54	54.13
54	94.95	76.47	67.76	54.97
55	95.26	76.97	68.33	55.37
56	96.76	78.94	70.32	57.08
57	99.99	83.14	74.53	60.74
58	103.80	88.07	79.46	65.03
59	107.05	92.22	83.61	68.63
60	108.59	94.11	85.47	70.25

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	29.94	23.62	21.25	16.91
26	30.48	24.04	21.55	17.23
27	31.39	24.74	22.00	17.76
28	32.57	25.63	22.56	18.46
29	33.92	26.66	23.19	19.26
30	35.35	27.75	23.84	20.11
31	36.76	28.82	24.48	20.94
32	38.05	29.80	25.07	21.71
33	39.13	30.62	25.56	22.35
34	39.90	31.21	25.92	22.81
35	40.27	31.49	26.10	23.02
36	40.91	31.98	26.51	23.36
37	42.42	33.14	27.48	24.14
38	44.58	34.80	28.87	25.27
39	47.17	36.79	30.54	26.62
40	49.99	38.96	32.37	28.09
41	52.81	41.13	34.19	29.55
42	55.43	43.14	35.89	30.92
43	57.62	44.82	37.31	32.06
44	59.17	46.01	38.32	32.87
45	59.87	46.55	38.78	33.23
46	60.71	47.18	39.38	33.67
47	62.65	48.63	40.79	34.69
48	65.41	50.69	42.79	36.15
49	68.72	53.16	45.20	37.89
50	72.30	55.84	47.81	39.78
51	75.88	58.52	50.42	41.68
52	79.18	61.00	52.84	43.44
53	81.94	63.07	54.86	44.91
54	83.86	64.53	56.29	45.96
55	84.68	65.18	56.93	46.43
56	85.38	66.42	58.28	47.67
57	86.54	68.90	60.99	50.21
58	87.85	71.77	64.14	53.18
59	88.99	74.19	66.79	55.68
60	89.62	75.33	68.01	56.81

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	46.55	31.75	27.38	24.20
26	47.23	32.43	27.97	24.65
27	48.25	33.64	29.00	25.41
28	49.52	35.23	30.37	26.39
29	50.95	37.07	31.95	27.53
30	52.45	39.03	33.63	28.72
31	53.92	40.96	35.29	29.90
32	55.26	42.73	36.81	30.97
33	56.38	44.20	38.07	31.87
34	57.19	45.24	38.96	32.50
35	57.60	45.70	39.35	32.78
36	58.48	46.21	39.75	33.13
37	60.56	47.38	40.67	33.92
38	63.55	49.03	41.97	35.05
39	67.15	51.01	43.52	36.40
40	71.04	53.15	45.20	37.87
41	74.93	55.29	46.89	39.34
42	78.52	57.27	48.44	40.69
43	81.50	58.91	49.74	41.82
44	83.57	60.07	50.65	42.61
45	84.42	60.56	51.05	42.96
46	84.69	60.92	51.43	43.26
47	85.16	61.69	52.29	43.94
48	85.79	62.78	53.52	44.89
49	86.51	64.08	54.98	46.04
50	87.28	65.48	56.57	47.28
51	88.04	66.88	58.16	48.52
52	88.74	68.19	59.64	49.67
53	89.32	69.28	60.88	50.65
54	89.74	70.06	61.77	51.35
55	89.93	70.43	62.18	51.68
56	90.46	71.67	63.57	52.99
57	91.55	74.30	66.50	55.79
58	92.86	77.37	69.92	59.07
59	94.03	79.99	72.82	61.83
60	94.69	81.22	74.15	63.09

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	23.23	17.71	16.38	13.71
26	23.65	17.96	16.58	13.89
27	24.36	18.34	16.86	14.14
28	25.27	18.82	17.20	14.44
29	26.32	19.35	17.57	14.77
30	27.43	19.90	17.94	15.12
31	28.53	20.45	18.31	15.46
32	29.54	20.95	18.65	15.77
33	30.39	21.37	18.94	16.04
34	31.00	21.68	19.15	16.23
35	31.30	21.84	19.26	16.34
36	31.90	22.25	19.57	16.65
37	33.33	23.25	20.33	17.41
38	35.38	24.67	21.41	18.49
39	37.86	26.40	22.72	19.80
40	40.54	28.27	24.15	21.23
41	43.24	30.15	25.58	22.66
42	45.75	31.90	26.92	23.99
43	47.86	33.38	28.04	25.10
44	49.37	34.44	28.85	25.90
45	50.07	34.94	29.24	26.27
46	51.17	35.78	29.92	26.81
47	53.75	37.76	31.52	28.09
48	57.45	40.60	33.81	29.91
49	61.89	44.02	36.57	32.10
50	66.71	47.72	39.57	34.48
51	71.52	51.43	42.58	36.86
52	75.96	54.87	45.37	39.07
53	79.66	57.74	47.71	40.93
54	82.25	59.77	49.38	42.25
55	83.35	60.67	50.14	42.85
56	84.26	62.47	52.27	44.51
57	85.77	66.08	56.69	47.96
58	87.44	70.26	61.82	51.97
59	88.87	73.76	66.12	55.33
60	89.62	75.33	68.01	56.81

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	34.26	20.98	19.04	16.12
26	35.10	21.46	19.46	16.47
27	36.64	22.31	20.20	17.10
28	38.69	23.45	21.18	17.93
29	41.09	24.76	22.31	18.90
30	43.64	26.16	23.52	19.92
31	46.16	27.55	24.71	20.93
32	48.47	28.83	25.80	21.86
33	50.39	29.89	26.71	22.64
34	51.74	30.65	27.35	23.19
35	52.33	31.00	27.64	23.44
36	52.90	31.51	27.97	23.79
37	54.19	32.70	28.71	24.60
38	56.02	34.41	29.77	25.77
39	58.20	36.45	31.04	27.16
40	60.57	38.67	32.41	28.67
41	62.93	40.89	33.79	30.19
42	65.11	42.94	35.07	31.59
43	66.94	44.65	36.14	32.76
44	68.23	45.86	36.91	33.58
45	68.81	46.40	37.27	33.95
46	69.45	46.94	37.81	34.33
47	70.92	48.17	39.06	35.18
48	73.01	49.92	40.86	36.39
49	75.51	52.01	43.02	37.85
50	78.21	54.28	45.37	39.43
51	80.92	56.56	47.72	41.02
52	83.42	58.67	49.92	42.50
53	85.51	60.45	51.76	43.76
54	86.97	61.73	53.09	44.66
55	87.61	62.33	53.72	45.11
56	88.50	64.53	56.10	47.18
57	90.19	69.18	61.15	51.62
58	92.14	74.62	67.04	56.82
59	93.82	79.19	71.98	61.18
60	94.69	81.22	74.15	63.09

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	18.71	16.36	14.95
26	18.97	16.56	15.12
27	19.36	16.84	15.33
28	19.84	17.17	15.58
29	20.38	17.53	15.85
30	20.95	17.90	16.12
31	21.50	18.26	16.38
32	22.01	18.58	16.61
33	22.43	18.85	16.81
34	22.75	19.04	16.95
35	22.91	19.14	17.02
36	23.32	19.33	17.19
37	24.30	19.76	17.59
38	25.72	20.39	18.18
39	27.42	21.16	18.88
40	29.28	21.98	19.64
41	31.14	22.82	20.41
42	32.88	23.61	21.13
43	34.35	24.27	21.74
44	35.40	24.77	22.19
45	35.91	25.02	22.41
46	36.81	25.65	22.90
47	38.95	27.15	24.06
48	42.02	29.32	25.73
49	45.71	31.93	27.75
50	49.72	34.77	29.94
51	53.74	37.62	32.13
52	57.46	40.25	34.17
53	60.59	42.46	35.87
54	62.80	44.03	37.08
55	63.81	44.73	37.62
56	66.41	46.35	38.89
57	71.77	49.64	41.49
58	77.99	53.47	44.50
59	83.19	56.66	47.02
60	85.48	58.08	48.14

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	26.59	18.49	16.47
26	27.09	18.81	16.72
27	27.94	19.34	17.10
28	29.04	20.02	17.58
29	30.30	20.80	18.12
30	31.64	21.62	18.69
31	32.95	22.42	19.25
32	34.15	23.15	19.75
33	35.15	23.76	20.17
34	35.86	24.20	20.47
35	36.18	24.39	20.61
36	36.57	24.63	20.83
37	37.48	25.18	21.33
38	38.76	25.97	22.05
39	40.30	26.91	22.91
40	41.98	27.94	23.85
41	43.65	28.97	24.80
42	45.21	29.93	25.67
43	46.51	30.73	26.41
44	47.44	31.31	26.94
45	47.87	31.59	27.19
46	48.47	32.08	27.59
47	49.86	33.23	28.54
48	51.85	34.88	29.90
49	54.24	36.87	31.54
50	56.83	39.02	33.31
51	59.42	41.18	35.09
52	61.83	43.18	36.73
53	63.84	44.85	38.11
54	65.27	46.03	39.08
55	65.91	46.55	39.51
56	67.43	47.57	40.35
57	70.54	49.60	42.03
58	74.15	51.96	43.98
59	77.20	53.94	45.62
60	78.60	54.86	46.38

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	20.59	15.10	13.51	13.28
26	21.00	15.38	13.74	13.51
27	21.72	15.86	14.10	13.88
28	22.65	16.48	14.57	14.35
29	23.73	17.19	15.11	14.89
30	24.87	17.96	15.67	15.46
31	26.01	18.71	16.23	16.03
32	27.05	19.39	16.75	16.54
33	27.93	19.97	17.18	16.96
34	28.56	20.38	17.48	17.26
35	28.85	20.59	17.64	17.41
36	29.38	20.98	17.96	17.63
37	30.61	21.92	18.69	18.14
38	32.39	23.27	19.76	18.86
39	34.52	24.90	21.05	19.73
40	36.84	26.66	22.45	20.69
41	39.18	28.44	23.86	21.63
42	41.33	30.09	25.16	22.54
43	43.14	31.48	26.27	23.29
44	44.44	32.47	27.06	23.86
45	45.05	32.95	27.45	24.15
46	45.93	33.73	28.14	24.83
47	47.99	35.53	29.79	26.47
48	50.93	38.14	32.14	28.83
49	54.47	41.28	35.00	31.67
50	58.31	44.68	38.08	34.76
51	62.14	48.08	41.16	37.86
52	65.70	51.24	44.04	40.73
53	68.69	53.89	46.44	43.13
54	70.79	55.76	48.14	44.84
55	71.72	56.60	48.90	45.60
56	73.62	58.54	50.68	47.37
57	77.42	62.47	54.32	50.98
58	81.83	67.05	58.55	55.16
59	85.54	70.88	62.08	58.66
60	87.22	72.58	63.64	60.20

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	24.15	20.73	17.77	16.45
26	24.76	21.31	18.23	16.82
27	25.89	22.39	19.10	17.51
28	27.41	23.84	20.25	18.43
29	29.18	25.54	21.61	19.48
30	31.07	27.36	23.05	20.62
31	32.93	29.16	24.48	21.72
32	34.66	30.81	25.80	22.76
33	36.10	32.19	26.89	23.60
34	37.10	33.15	27.66	24.20
35	37.57	33.58	27.99	24.46
36	38.18	34.01	28.32	24.71
37	39.57	34.97	29.04	25.29
38	41.55	36.33	30.08	26.11
39	43.94	37.97	31.32	27.11
40	46.53	39.74	32.66	28.16
41	49.10	41.50	34.01	29.24
42	51.49	43.14	35.25	30.22
43	53.48	44.51	36.30	31.06
44	54.87	45.48	37.04	31.65
45	55.48	45.92	37.39	31.93
46	55.97	46.42	37.88	32.36
47	57.06	47.57	39.03	33.35
48	58.59	49.21	40.68	34.78
49	60.41	51.19	42.66	36.50
50	62.39	53.32	44.81	38.38
51	64.38	55.47	46.97	40.25
52	66.22	57.45	48.97	42.00
53	67.76	59.13	50.66	43.47
54	68.87	60.34	51.86	44.50
55	69.38	60.90	52.42	45.00
56	71.01	62.87	54.26	46.62
57	74.46	67.01	58.11	50.05
58	78.48	71.85	62.61	54.06
59	81.87	75.92	66.38	57.42
60	83.43	77.75	68.06	58.90

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	20.34	14.82	13.38	13.14
26	20.72	15.08	13.58	13.34
27	21.35	15.53	13.92	13.64
28	22.17	16.09	14.33	14.02
29	23.10	16.73	14.80	14.45
30	24.10	17.41	15.30	14.91
31	25.07	18.08	15.78	15.35
32	25.98	18.68	16.22	15.76
33	26.73	19.21	16.60	16.09
34	27.27	19.56	16.85	16.33
35	27.54	19.74	16.98	16.44
36	28.03	20.02	17.17	16.61
37	29.19	20.67	17.63	17.01
38	30.87	21.61	18.28	17.59
39	32.89	22.75	19.06	18.28
40	35.07	23.98	19.91	19.03
41	37.26	25.21	20.75	19.79
42	39.29	26.35	21.54	20.47
43	40.98	27.30	22.21	21.07
44	42.19	27.97	22.69	21.48
45	42.73	28.28	22.91	21.67
46	43.38	28.65	23.24	21.94
47	44.89	29.50	24.02	22.54
48	47.03	30.73	25.12	23.42
49	49.61	32.19	26.46	24.46
50	52.40	33.78	27.90	25.61
51	55.19	35.38	29.35	26.75
52	57.76	36.86	30.69	27.80
53	59.92	38.09	31.82	28.70
54	61.44	38.96	32.62	29.34
55	62.11	39.37	32.99	29.63
56	63.26	40.43	33.98	30.59
57	65.54	42.63	36.05	32.60
58	68.17	45.18	38.43	34.96
59	70.41	47.34	40.45	36.92
60	71.45	48.31	41.36	37.81

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	23.47	18.76	16.85	14.51
26	24.01	19.22	17.26	14.85
27	25.03	20.06	18.00	15.48
28	26.35	21.19	19.01	16.32
29	27.92	22.51	20.17	17.29
30	29.57	23.90	21.41	18.32
31	31.21	25.29	22.63	19.34
32	32.72	26.55	23.74	20.28
33	33.98	27.61	24.66	21.07
34	34.87	28.35	25.32	21.60
35	35.29	28.68	25.60	21.84
36	35.89	29.00	25.81	22.00
37	37.31	29.75	26.30	22.38
38	39.34	30.79	26.99	22.90
39	41.77	32.04	27.80	23.52
40	44.41	33.40	28.68	24.19
41	47.04	34.75	29.55	24.87
42	49.46	36.01	30.36	25.48
43	51.48	37.05	31.04	26.01
44	52.88	37.78	31.53	26.38
45	53.48	38.11	31.75	26.55
46	53.80	38.42	32.04	26.80
47	54.49	39.15	32.70	27.35
48	55.44	40.18	33.65	28.17
49	56.57	41.41	34.80	29.15
50	57.79	42.75	36.04	30.20
51	59.00	44.08	37.29	31.27
52	60.12	45.32	38.45	32.25
53	61.06	46.36	39.42	33.08
54	61.73	47.12	40.12	33.68
55	62.05	47.47	40.45	33.97
56	63.06	48.70	41.63	35.03
57	65.17	51.29	44.11	37.28
58	67.64	54.32	47.04	39.90
59	69.74	56.88	49.50	42.11
60	70.74	58.04	50.60	43.10

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	20.07	14.28	13.06	12.75
26	20.38	14.53	13.23	12.91
27	20.85	14.93	13.47	13.16
28	21.44	15.45	13.77	13.45
29	22.12	16.04	14.10	13.79
30	22.83	16.67	14.44	14.13
31	23.54	17.29	14.77	14.45
32	24.17	17.86	15.06	14.77
33	24.72	18.33	15.31	15.02
34	25.11	18.66	15.49	15.19
35	25.31	18.82	15.58	15.28
36	25.77	19.08	15.75	15.43
37	26.87	19.67	16.17	15.80
38	28.46	20.52	16.76	16.34
39	30.37	21.55	17.47	16.97
40	32.44	22.67	18.26	17.66
41	34.52	23.79	19.04	18.35
42	36.43	24.82	19.76	19.01
43	38.05	25.69	20.37	19.54
44	39.19	26.30	20.80	19.93
45	39.71	26.57	21.00	20.11
46	40.31	26.89	21.27	20.36
47	41.70	27.61	21.88	20.96
48	43.68	28.63	22.76	21.82
49	46.07	29.86	23.83	22.84
50	48.63	31.20	24.98	23.96
51	51.21	32.54	26.13	25.08
52	53.57	33.77	27.20	26.11
53	55.55	34.81	28.10	26.98
54	56.93	35.53	28.74	27.59
55	57.52	35.86	29.02	27.88
56	58.00	36.53	29.70	28.62
57	58.79	37.89	31.08	30.15
58	59.68	39.48	32.69	31.92
59	60.44	40.81	34.04	33.43
60	60.87	41.44	34.67	34.11

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	21.79	18.59	16.19	14.00
26	22.33	18.93	16.51	14.31
27	23.31	19.52	17.07	14.86
28	24.64	20.29	17.80	15.58
29	26.18	21.17	18.65	16.40
30	27.82	22.09	19.55	17.30
31	29.45	23.00	20.44	18.16
32	30.96	23.83	21.25	18.98
33	32.20	24.53	21.92	19.64
34	33.09	25.03	22.40	20.10
35	33.50	25.25	22.60	20.30
36	34.06	25.59	22.82	20.47
37	35.37	26.38	23.34	20.81
38	37.24	27.52	24.07	21.32
39	39.48	28.87	24.94	21.93
40	41.90	30.34	25.89	22.57
41	44.33	31.81	26.84	23.22
42	46.57	33.17	27.71	23.82
43	48.44	34.30	28.45	24.33
44	49.74	35.10	28.97	24.69
45	50.30	35.46	29.20	24.86
46	50.69	35.79	29.48	25.10
47	51.53	36.53	30.13	25.71
48	52.73	37.58	31.05	26.54
49	54.14	38.84	32.15	27.56
50	55.66	40.21	33.36	28.66
51	57.19	41.57	34.55	29.77
52	58.60	42.84	35.66	30.80
53	59.77	43.89	36.60	31.66
54	60.58	44.64	37.26	32.27
55	60.94	44.98	37.57	32.55
56	61.35	45.80	38.42	33.40
57	62.10	47.47	40.18	35.16
58	62.96	49.43	42.26	37.22
59	63.73	51.09	44.00	38.95
60	64.17	51.86	44.80	39.74

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	15.40	12.71	12.00	9.52
26	15.69	12.84	12.13	9.69
27	16.17	13.02	12.27	9.98
28	16.77	13.22	12.44	10.37
29	17.49	13.43	12.62	10.81
30	18.23	13.66	12.80	11.27
31	18.98	13.87	12.97	11.73
32	19.65	14.06	13.12	12.14
33	20.21	14.22	13.25	12.49
34	20.62	14.35	13.34	12.74
35	20.81	14.41	13.39	12.85
36	21.16	14.66	13.54	13.00
37	21.97	15.23	13.91	13.34
38	23.14	16.07	14.43	13.83
39	24.52	17.07	15.06	14.42
40	26.04	18.17	15.76	15.07
41	27.58	19.26	16.45	15.72
42	28.99	20.30	17.10	16.32
43	30.18	21.15	17.65	16.82
44	31.03	21.76	18.04	17.18
45	31.43	22.05	18.22	17.36
46	32.00	22.46	18.55	17.66
47	33.37	23.43	19.33	18.35
48	35.32	24.82	20.44	19.34
49	37.65	26.49	21.77	20.53
50	40.19	28.29	23.22	21.84
51	42.73	30.10	24.67	23.13
52	45.08	31.77	26.01	24.33
53	47.06	33.17	27.14	25.35
54	48.45	34.16	27.94	26.06
55	49.08	34.59	28.29	26.40
56	50.50	35.43	29.06	27.32
57	53.41	37.11	30.63	29.22
58	56.77	39.05	32.45	31.42
59	59.60	40.69	33.98	33.29
60	60.87	41.44	34.67	34.11

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	21.61	13.86	12.66	11.03
26	22.13	14.20	12.94	11.29
27	23.09	14.82	13.44	11.78
28	24.39	15.66	14.12	12.42
29	25.89	16.61	14.89	13.17
30	27.48	17.64	15.72	13.97
31	29.06	18.66	16.53	14.76
32	30.51	19.60	17.28	15.48
33	31.71	20.38	17.90	16.09
34	32.56	20.92	18.35	16.50
35	32.94	21.18	18.54	16.70
36	33.33	21.52	18.79	16.90
37	34.24	22.29	19.36	17.37
38	35.51	23.39	20.18	18.02
39	37.04	24.71	21.16	18.82
40	38.70	26.14	22.22	19.68
41	40.36	27.58	23.28	20.53
42	41.88	28.91	24.26	21.33
43	43.16	30.01	25.08	22.00
44	44.06	30.79	25.67	22.48
45	44.46	31.14	25.94	22.69
46	44.85	31.49	26.26	22.97
47	45.76	32.28	27.01	23.61
48	47.04	33.42	28.07	24.53
49	48.58	34.77	29.35	25.63
50	50.24	36.24	30.73	26.82
51	51.90	37.71	32.13	28.01
52	53.44	39.08	33.41	29.13
53	54.74	40.22	34.50	30.06
54	55.65	41.03	35.27	30.74
55	56.06	41.42	35.63	31.05
56	57.02	42.64	36.71	32.06
57	59.00	45.21	38.96	34.21
58	61.29	48.21	41.60	36.71
59	63.25	50.73	43.81	38.81
60	64.17	51.86	44.80	39.74

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	13.99	12.47	10.19
26	14.17	12.58	10.32
27	14.44	12.73	10.52
28	14.76	12.87	10.74
29	15.13	13.02	11.00
30	15.51	13.16	11.27
31	15.88	13.29	11.52
32	16.22	13.40	11.75
33	16.50	13.51	11.95
34	16.70	13.58	12.08
35	16.79	13.62	12.14
36	16.97	13.71	12.20
37	17.40	13.95	12.37
38	18.03	14.27	12.60
39	18.78	14.67	12.88
40	19.59	15.11	13.20
41	20.41	15.55	13.50
42	21.18	15.96	13.79
43	21.84	16.31	14.04
44	22.29	16.57	14.23
45	22.54	16.70	14.33
46	23.02	17.05	14.63
47	24.18	17.89	15.34
48	25.84	19.09	16.37
49	27.85	20.53	17.60
50	30.03	22.11	18.95
51	32.23	23.68	20.31
52	34.26	25.15	21.56
53	35.96	26.39	22.61
54	37.18	27.26	23.36
55	37.73	27.65	23.69
56	39.26	28.64	24.49
57	42.42	30.68	26.12
58	46.11	33.04	28.02
59	49.19	35.01	29.61
60	50.54	35.90	30.31

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	17.62	13.25	12.51
26	17.96	13.45	12.65
27	18.56	13.76	12.87
28	19.33	14.17	13.13
29	20.23	14.63	13.40
30	21.18	15.10	13.68
31	22.11	15.57	13.95
32	22.96	15.99	14.20
33	23.68	16.34	14.40
34	24.18	16.59	14.55
35	24.41	16.70	14.62
36	24.67	16.86	14.74
37	25.29	17.21	15.05
38	26.14	17.73	15.47
39	27.18	18.33	15.98
40	28.30	19.00	16.55
41	29.43	19.66	17.11
42	30.48	20.27	17.64
43	31.36	20.79	18.09
44	31.98	21.16	18.40
45	32.27	21.35	18.55
46	32.69	21.65	18.82
47	33.64	22.37	19.47
48	35.00	23.41	20.40
49	36.65	24.65	21.50
50	38.44	25.99	22.71
51	40.23	27.35	23.91
52	41.89	28.59	25.04
53	43.28	29.65	25.98
54	44.27	30.39	26.65
55	44.73	30.73	26.95
56	46.06	31.58	27.68
57	48.82	33.33	29.18
58	52.03	35.38	30.94
59	54.74	37.10	32.40
60	55.95	37.87	33.07

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	28.04	20.62	17.44	15.05
26	28.50	20.97	17.70	15.29
27	29.21	21.53	18.10	15.68
28	30.14	22.25	18.59	16.16
29	31.19	23.07	19.17	16.72
30	32.30	23.94	19.76	17.30
31	33.39	24.81	20.35	17.87
32	34.38	25.59	20.90	18.40
33	35.23	26.26	21.36	18.84
34	35.85	26.73	21.69	19.16
35	36.16	26.98	21.88	19.33
36	36.88	27.52	22.39	19.68
37	38.59	28.80	23.64	20.53
38	41.06	30.65	25.43	21.75
39	44.02	32.88	27.60	23.23
40	47.25	35.29	29.93	24.83
41	50.49	37.72	32.29	26.43
42	53.49	39.97	34.48	27.94
43	56.00	41.85	36.31	29.19
44	57.79	43.20	37.61	30.12
45	58.60	43.81	38.20	30.55
46	59.61	44.60	38.93	31.31
47	61.91	46.43	40.59	33.12
48	65.23	49.06	42.97	35.70
49	69.20	52.21	45.82	38.82
50	73.52	55.63	48.93	42.20
51	77.83	59.07	52.04	45.60
52	81.84	62.25	54.93	48.76
53	85.22	64.95	57.38	51.41
54	87.63	66.87	59.12	53.30
55	88.75	67.77	59.95	54.19
56	92.39	71.06	62.98	57.10
57	100.03	78.00	69.37	63.21
58	108.94	86.11	76.84	70.34
59	116.39	92.88	83.10	76.29
60	119.69	95.85	85.82	78.88

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	39.37	26.95	23.17	19.81
26	40.28	27.67	23.77	20.38
27	41.94	29.03	24.88	21.43
28	44.14	30.84	26.40	22.86
29	46.70	32.96	28.16	24.54
30	49.42	35.22	30.02	26.33
31	52.12	37.47	31.88	28.10
32	54.57	39.54	33.58	29.73
33	56.61	41.25	35.00	31.08
34	58.04	42.45	35.99	32.02
35	58.66	42.98	36.43	32.44
36	59.17	43.49	36.87	32.82
37	60.29	44.64	37.89	33.67
38	61.86	46.27	39.33	34.88
39	63.75	48.20	41.05	36.32
40	65.78	50.30	42.92	37.87
41	67.81	52.40	44.79	39.42
42	69.70	54.33	46.50	40.86
43	71.27	55.96	47.94	42.07
44	72.39	57.09	48.96	42.92
45	72.88	57.58	49.42	43.30
46	73.41	57.97	49.92	43.70
47	74.61	58.84	51.05	44.62
48	76.34	60.07	52.66	45.93
49	78.41	61.55	54.61	47.50
50	80.66	63.16	56.71	49.21
51	82.93	64.78	58.84	50.93
52	85.04	66.30	60.82	52.55
53	86.83	67.59	62.51	53.91
54	88.13	68.54	63.73	54.90
55	88.79	69.05	64.35	55.42
56	92.20	72.29	67.54	58.24
57	99.55	79.35	74.42	64.33
58	108.18	87.65	82.50	71.49
59	115.43	94.60	89.27	77.48
60	118.63	97.65	92.22	80.09

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	27.51	19.03	17.17	14.79
26	27.97	19.39	17.40	15.03
27	28.72	19.96	17.75	15.44
28	29.69	20.72	18.19	15.96
29	30.81	21.59	18.66	16.55
30	31.96	22.49	19.15	17.17
31	33.12	23.39	19.65	17.79
32	34.17	24.23	20.09	18.33
33	35.05	24.92	20.48	18.80
34	35.69	25.41	20.74	19.13
35	35.99	25.65	20.88	19.29
36	36.56	26.03	21.21	19.52
37	37.89	26.94	21.98	20.08
38	39.81	28.24	23.10	20.87
39	42.10	29.79	24.45	21.82
40	44.61	31.48	25.90	22.84
41	47.12	33.19	27.38	23.87
42	49.45	34.77	28.74	24.82
43	51.42	36.08	29.87	25.62
44	52.80	37.02	30.69	26.18
45	53.45	37.45	31.05	26.45
46	54.36	38.00	31.50	26.79
47	56.47	39.30	32.54	27.58
48	59.48	41.16	34.01	28.69
49	63.10	43.39	35.79	30.03
50	67.02	45.80	37.72	31.49
51	70.96	48.23	39.64	32.96
52	74.61	50.47	41.44	34.32
53	77.66	52.36	42.95	35.48
54	79.83	53.71	44.04	36.30
55	80.80	54.34	44.54	36.70
56	83.12	56.36	46.31	38.26
57	87.87	60.59	50.04	41.59
58	93.38	65.54	54.40	45.47
59	98.01	69.67	58.04	48.74
60	100.10	71.51	59.66	50.18

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	38.29	26.41	21.97	19.27
26	39.10	27.00	22.47	19.67
27	40.56	28.05	23.36	20.36
28	42.47	29.43	24.54	21.27
29	44.69	31.05	25.91	22.32
30	47.05	32.76	27.37	23.45
31	49.38	34.45	28.81	24.54
32	51.49	36.00	30.12	25.54
33	53.26	37.28	31.23	26.37
34	54.50	38.17	32.00	26.95
35	55.03	38.56	32.35	27.22
36	55.52	38.90	32.75	27.47
37	56.59	39.67	33.69	28.05
38	58.12	40.75	35.03	28.87
39	59.95	42.04	36.62	29.86
40	61.92	43.44	38.35	30.91
41	63.90	44.84	40.08	31.98
42	65.72	46.14	41.67	32.97
43	67.24	47.24	43.00	33.78
44	68.32	48.02	43.92	34.36
45	68.80	48.40	44.32	34.63
46	69.30	49.03	44.58	34.91
47	70.47	50.50	45.12	35.57
48	72.12	52.62	45.89	36.51
49	74.10	55.17	46.81	37.64
50	76.25	57.95	47.80	38.87
51	78.41	60.73	48.81	40.10
52	80.41	63.31	49.75	41.25
53	82.11	65.48	50.54	42.22
54	83.32	67.04	51.14	42.95
55	83.90	67.78	51.46	43.30
56	86.12	70.32	53.48	45.14
57	90.86	75.69	57.91	49.11
58	96.41	81.95	63.09	53.77
59	101.09	87.20	67.45	57.66
60	103.21	89.53	69.37	59.38

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	25.87	18.85	16.69	13.99
26	26.29	19.16	16.92	14.19
27	27.01	19.65	17.24	14.51
28	27.92	20.29	17.63	14.89
29	28.94	21.02	18.08	15.34
30	30.03	21.78	18.53	15.79
31	31.09	22.53	18.98	16.24
32	32.07	23.21	19.40	16.65
33	32.89	23.78	19.74	17.00
34	33.47	24.18	20.00	17.25
35	33.75	24.39	20.12	17.37
36	34.22	24.75	20.45	17.60
37	35.34	25.60	21.23	18.16
38	36.96	26.82	22.33	18.97
39	38.88	28.27	23.68	19.94
40	40.99	29.86	25.13	21.00
41	43.10	31.46	26.60	22.06
42	45.06	32.93	27.95	23.03
43	46.71	34.17	29.09	23.84
44	47.90	35.05	29.89	24.43
45	48.45	35.45	30.25	24.70
46	49.34	35.95	30.68	25.03
47	51.43	37.10	31.68	25.80
48	54.42	38.76	33.09	26.92
49	58.01	40.74	34.80	28.26
50	61.90	42.89	36.64	29.70
51	65.78	45.04	38.50	31.14
52	69.38	47.02	40.20	32.50
53	72.37	48.69	41.63	33.61
54	74.45	49.87	42.65	34.42
55	75.35	50.39	43.11	34.79
56	76.05	51.45	44.21	35.83
57	77.19	53.59	46.45	37.97
58	78.46	56.07	49.07	40.46
59	79.55	58.16	51.26	42.57
60	80.15	59.13	52.27	43.51

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	37.21	25.33	21.11	18.19
26	37.93	25.87	21.54	18.56
27	39.18	26.81	22.28	19.19
28	40.82	28.08	23.24	20.02
29	42.70	29.52	24.35	20.97
30	44.69	31.05	25.54	21.99
31	46.65	32.56	26.70	22.98
32	48.45	33.94	27.78	23.90
33	49.93	35.09	28.67	24.65
34	50.97	35.90	29.30	25.19
35	51.43	36.24	29.59	25.43
36	51.88	36.54	29.99	25.69
37	52.91	37.18	30.91	26.27
38	54.35	38.11	32.23	27.11
39	56.08	39.21	33.82	28.11
40	57.94	40.40	35.54	29.20
41	59.82	41.59	37.25	30.28
42	61.55	42.68	38.84	31.29
43	62.99	43.61	40.15	32.11
44	64.01	44.26	41.05	32.70
45	64.45	44.56	41.45	32.95
46	64.86	44.93	41.64	33.14
47	65.76	45.78	42.04	33.56
48	67.05	46.98	42.58	34.15
49	68.59	48.42	43.23	34.86
50	70.25	50.00	43.92	35.63
51	71.92	51.58	44.64	36.40
52	73.47	53.03	45.28	37.12
53	74.74	54.25	45.84	37.73
54	75.65	55.13	46.25	38.18
55	76.04	55.54	46.46	38.41
56	76.71	56.79	47.70	39.63
57	78.03	59.41	50.40	42.24
58	79.56	62.46	53.59	45.31
59	80.90	65.04	56.27	47.90
60	81.60	66.23	57.48	49.06

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	21.06	15.30	13.38	11.78
26	21.34	15.47	13.58	11.93
27	21.74	15.71	13.88	12.13
28	22.23	15.97	14.26	12.37
29	22.79	16.26	14.69	12.65
30	23.35	16.56	15.13	12.93
31	23.91	16.85	15.56	13.20
32	24.43	17.11	15.97	13.45
33	24.87	17.33	16.31	13.66
34	25.18	17.51	16.55	13.81
35	25.36	17.61	16.68	13.89
36	25.83	17.96	16.97	14.10
37	26.96	18.80	17.65	14.59
38	28.59	20.02	18.63	15.30
39	30.54	21.49	19.82	16.15
40	32.68	23.10	21.12	17.09
41	34.81	24.70	22.41	18.02
42	36.81	26.20	23.61	18.89
43	38.48	27.45	24.62	19.63
44	39.68	28.35	25.33	20.16
45	40.24	28.77	25.67	20.40
46	41.11	29.38	26.13	20.81
47	43.15	30.80	27.22	21.77
48	46.06	32.84	28.78	23.16
49	49.57	35.29	30.65	24.82
50	53.37	37.95	32.69	26.64
51	57.19	40.61	34.73	28.46
52	60.70	43.07	36.62	30.14
53	63.64	45.14	38.21	31.55
54	65.72	46.61	39.33	32.54
55	66.64	47.26	39.85	33.01
56	68.31	48.70	41.32	34.26
57	71.64	51.62	44.38	36.85
58	75.47	55.02	47.95	39.87
59	78.68	57.86	50.95	42.39
60	80.15	59.13	52.27	43.51

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	28.46	20.03	16.80	14.20
26	29.06	20.42	17.14	14.50
27	30.13	21.10	17.75	15.03
28	31.53	21.99	18.54	15.73
29	33.15	23.01	19.45	16.54
30	34.88	24.08	20.42	17.39
31	36.58	25.16	21.37	18.24
32	38.13	26.13	22.24	19.02
33	39.43	26.94	22.96	19.68
34	40.34	27.52	23.47	20.13
35	40.74	27.78	23.70	20.34
36	41.15	28.11	23.94	20.61
37	42.08	28.86	24.48	21.23
38	43.39	29.96	25.25	22.12
39	44.97	31.26	26.16	23.18
40	46.68	32.68	27.17	24.33
41	48.39	34.10	28.16	25.50
42	49.99	35.40	29.09	26.56
43	51.32	36.50	29.86	27.46
44	52.27	37.28	30.42	28.09
45	52.72	37.64	30.68	28.36
46	53.39	38.09	31.06	28.62
47	54.97	39.11	31.96	29.23
48	57.23	40.56	33.25	30.10
49	59.93	42.32	34.80	31.12
50	62.87	44.23	36.48	32.23
51	65.82	46.14	38.17	33.36
52	68.54	47.92	39.74	34.41
53	70.81	49.41	41.06	35.30
54	72.40	50.48	42.02	35.93
55	73.10	50.98	42.46	36.25
56	74.17	52.76	44.22	37.72
57	76.22	56.51	47.91	40.88
58	78.60	60.91	52.26	44.58
59	80.61	64.60	55.89	47.70
60	81.60	66.23	57.48	49.06

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	17.18	13.73	12.01
26	17.35	13.92	12.16
27	17.54	14.18	12.36
28	17.74	14.52	12.58
29	17.95	14.88	12.84
30	18.16	15.27	13.11
31	18.35	15.63	13.36
32	18.54	15.98	13.60
33	18.70	16.26	13.79
34	18.81	16.46	13.93
35	18.89	16.55	14.01
36	19.22	16.74	14.19
37	20.02	17.18	14.60
38	21.16	17.81	15.21
39	22.54	18.56	15.95
40	24.05	19.38	16.75
41	25.57	20.21	17.56
42	26.97	20.99	18.31
43	28.17	21.64	18.95
44	29.04	22.12	19.41
45	29.45	22.36	19.63
46	30.20	22.87	20.09
47	32.01	24.08	21.16
48	34.61	25.82	22.72
49	37.73	27.92	24.56
50	41.11	30.21	26.59
51	44.53	32.50	28.63
52	47.68	34.63	30.50
53	50.33	36.42	32.09
54	52.23	37.70	33.22
55	53.10	38.29	33.74
56	55.85	40.12	35.31
57	61.60	43.95	38.59
58	68.30	48.42	42.42
59	73.90	52.14	45.61
60	76.34	53.77	47.01

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	22.05	15.81	13.74
26	22.50	16.13	13.96
27	23.29	16.65	14.33
28	24.33	17.35	14.80
29	25.53	18.14	15.34
30	26.80	18.98	15.90
31	28.06	19.81	16.45
32	29.21	20.58	16.96
33	30.17	21.20	17.37
34	30.84	21.64	17.67
35	31.14	21.84	17.81
36	31.47	22.05	17.99
37	32.22	22.53	18.42
38	33.30	23.21	19.04
39	34.60	24.02	19.77
40	35.99	24.90	20.58
41	37.39	25.79	21.40
42	38.68	26.61	22.14
43	39.77	27.30	22.77
44	40.54	27.80	23.22
45	40.89	28.04	23.43
46	41.35	28.45	23.77
47	42.40	29.44	24.54
48	43.92	30.83	25.67
49	45.74	32.54	27.01
50	47.71	34.37	28.47
51	49.70	36.22	29.92
52	51.56	37.94	31.29
53	53.10	39.37	32.43
54	54.22	40.40	33.26
55	54.75	40.89	33.64
56	56.74	42.45	34.96
57	60.99	45.72	37.74
58	65.96	49.54	40.99
59	70.13	52.75	43.71
60	71.97	54.16	44.92

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	26.98	18.39	15.85	14.79
26	27.39	18.70	16.07	15.03
27	28.03	19.18	16.38	15.42
28	28.85	19.81	16.78	15.90
29	29.76	20.52	17.22	16.46
30	30.72	21.28	17.69	17.04
31	31.67	22.01	18.14	17.62
32	32.55	22.71	18.56	18.16
33	33.29	23.28	18.91	18.60
34	33.83	23.70	19.18	18.92
35	34.12	23.92	19.33	19.08
36	34.86	24.44	19.79	19.40
37	36.66	25.68	20.91	20.14
38	39.25	27.47	22.55	21.23
39	42.35	29.63	24.49	22.52
40	45.75	31.97	26.62	23.93
41	49.13	34.33	28.76	25.36
42	52.26	36.50	30.74	26.68
43	54.90	38.33	32.40	27.81
44	56.76	39.64	33.58	28.63
45	57.58	40.24	34.12	29.02
46	58.47	41.06	34.82	29.82
47	60.50	42.95	36.42	31.68
48	63.39	45.67	38.72	34.40
49	66.86	48.92	41.50	37.65
50	70.62	52.46	44.50	41.19
51	74.40	56.01	47.51	44.74
52	77.90	59.30	50.31	48.03
53	80.85	62.08	52.67	50.82
54	82.96	64.06	54.36	52.79
55	83.95	64.99	55.15	53.71
56	87.38	68.15	57.93	56.59
57	94.59	74.81	63.83	62.66
58	103.02	82.57	70.70	69.72
59	110.09	89.07	76.45	75.61
60	113.21	91.91	78.95	78.17

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	36.55	26.41	22.90	19.39
26	37.41	27.13	23.50	19.95
27	38.95	28.50	24.63	21.02
28	41.02	30.36	26.15	22.47
29	43.42	32.51	27.91	24.17
30	45.97	34.82	29.80	25.98
31	48.48	37.10	31.67	27.77
32	50.81	39.20	33.38	29.41
33	52.72	40.93	34.81	30.79
34	54.07	42.16	35.82	31.74
35	54.67	42.70	36.25	32.15
36	55.29	43.20	36.68	32.49
37	56.67	44.33	37.65	33.22
38	58.64	45.93	39.03	34.26
39	61.00	47.84	40.67	35.50
40	63.55	49.92	42.45	36.84
41	66.09	51.98	44.24	38.18
42	68.45	53.89	45.88	39.41
43	70.41	55.47	47.26	40.45
44	71.78	56.59	48.22	41.19
45	72.37	57.07	48.66	41.52
46	72.81	57.44	49.09	41.90
47	73.79	58.29	50.07	42.77
48	75.15	59.47	51.47	44.02
49	76.79	60.90	53.13	45.52
50	78.56	62.43	54.94	47.15
51	80.35	63.99	56.77	48.79
52	82.02	65.45	58.47	50.32
53	83.43	66.70	59.92	51.62
54	84.48	67.62	60.98	52.59
55	85.03	68.11	61.53	53.07
56	88.27	71.31	64.57	55.76
57	95.31	78.27	71.16	61.61
58	103.58	86.46	78.89	68.45
59	110.54	93.32	85.36	74.19
60	113.60	96.32	88.18	76.69

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	26.45	17.70	15.58	14.26
26	26.88	17.99	15.80	14.51
27	27.56	18.46	16.15	14.93
28	28.43	19.07	16.57	15.49
29	29.42	19.77	17.06	16.11
30	30.48	20.49	17.56	16.76
31	31.50	21.21	18.05	17.43
32	32.45	21.87	18.49	18.01
33	33.24	22.42	18.88	18.52
34	33.80	22.80	19.16	18.87
35	34.08	23.00	19.29	19.03
36	34.60	23.34	19.58	19.26
37	35.86	24.14	20.27	19.79
38	37.65	25.29	21.27	20.56
39	39.82	26.67	22.47	21.48
40	42.17	28.17	23.76	22.46
41	44.52	29.68	25.07	23.47
42	46.71	31.07	26.29	24.38
43	48.55	32.24	27.30	25.17
44	49.86	33.07	28.02	25.71
45	50.45	33.45	28.35	25.95
46	51.23	33.92	28.79	26.21
47	53.05	34.99	29.81	26.81
48	55.63	36.53	31.26	27.66
49	58.73	38.38	33.00	28.68
50	62.11	40.38	34.89	29.78
51	65.48	42.39	36.80	30.90
52	68.61	44.26	38.56	31.94
53	71.24	45.83	40.04	32.82
54	73.10	46.96	41.11	33.45
55	73.94	47.48	41.60	33.76
56	76.05	49.24	43.26	35.18
57	80.39	52.93	46.74	38.24
58	85.45	57.26	50.80	41.83
59	89.69	60.87	54.21	44.82
60	91.60	62.48	55.71	46.15

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	36.13	25.33	21.01	18.85
26	36.83	25.94	21.47	19.24
27	38.00	27.05	22.32	19.95
28	39.55	28.53	23.43	20.88
29	41.34	30.25	24.71	21.96
30	43.22	32.08	26.08	23.08
31	45.07	33.88	27.42	24.22
32	46.77	35.54	28.66	25.24
33	48.17	36.91	29.69	26.09
34	49.17	37.87	30.40	26.69
35	49.63	38.29	30.73	26.95
36	50.20	38.62	31.04	27.18
37	51.51	39.37	31.74	27.70
38	53.38	40.41	32.74	28.45
39	55.63	41.67	33.93	29.32
40	58.06	43.00	35.23	30.28
41	60.48	44.36	36.52	31.23
42	62.72	45.60	37.72	32.12
43	64.59	46.64	38.70	32.85
44	65.90	47.37	39.42	33.38
45	66.46	47.69	39.73	33.61
46	66.86	48.00	40.07	33.87
47	67.71	48.66	40.85	34.44
48	68.91	49.62	41.96	35.27
49	70.34	50.77	43.28	36.26
50	71.90	52.02	44.72	37.33
51	73.46	53.28	46.18	38.43
52	74.91	54.46	47.54	39.45
53	76.14	55.46	48.69	40.30
54	77.04	56.19	49.52	40.94
55	77.47	56.56	49.93	41.26
56	79.50	58.62	51.92	43.01
57	83.87	63.09	56.20	46.78
58	89.00	68.35	61.23	51.23
59	93.33	72.76	65.45	54.95
60	95.30	74.71	67.30	56.58

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	25.33	17.50	15.07	13.45
26	25.70	17.77	15.27	13.66
27	26.29	18.20	15.56	13.99
28	27.02	18.77	15.92	14.41
29	27.84	19.39	16.32	14.89
30	28.70	20.05	16.73	15.39
31	29.54	20.70	17.13	15.88
32	30.32	21.29	17.50	16.34
33	30.96	21.79	17.81	16.70
34	31.43	22.14	18.03	16.98
35	31.67	22.31	18.15	17.11
36	32.18	22.63	18.41	17.35
37	33.37	23.35	19.04	17.91
38	35.11	24.42	19.95	18.72
39	37.19	25.69	21.05	19.70
40	39.45	27.06	22.24	20.75
41	41.72	28.46	23.44	21.81
42	43.83	29.74	24.54	22.80
43	45.60	30.83	25.47	23.61
44	46.86	31.59	26.15	24.19
45	47.45	31.95	26.45	24.45
46	48.31	32.45	26.90	24.73
47	50.31	33.64	27.94	25.37
48	53.18	35.33	29.43	26.27
49	56.63	37.36	31.23	27.36
50	60.36	39.57	33.18	28.53
51	64.09	41.78	35.13	29.73
52	67.54	43.82	36.93	30.82
53	70.40	45.53	38.45	31.74
54	72.41	46.73	39.51	32.40
55	73.27	47.27	39.99	32.71
56	73.95	48.28	41.02	33.66
57	75.07	50.29	43.11	35.69
58	76.31	52.61	45.53	38.05
59	77.36	54.57	47.56	40.01
60	77.94	55.48	48.50	40.91

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	35.05	24.30	20.89	17.77
26	35.69	24.82	21.29	18.12
27	36.78	25.75	21.97	18.73
28	38.18	26.98	22.86	19.52
29	39.79	28.40	23.86	20.42
30	41.49	29.90	24.93	21.38
31	43.16	31.38	25.98	22.34
32	44.68	32.74	26.94	23.20
33	45.96	33.87	27.74	23.93
34	46.86	34.66	28.30	24.42
35	47.27	35.00	28.55	24.65
36	47.78	35.30	28.80	24.85
37	48.96	35.97	29.39	25.30
38	50.65	36.93	30.22	25.94
39	52.68	38.06	31.22	26.71
40	54.86	39.28	32.29	27.54
41	57.06	40.51	33.37	28.37
42	59.08	41.64	34.37	29.14
43	60.76	42.59	35.20	29.79
44	61.94	43.25	35.79	30.24
45	62.45	43.55	36.05	30.45
46	62.82	43.86	36.36	30.69
47	63.64	44.54	37.08	31.24
48	64.82	45.52	38.09	32.03
49	66.20	46.69	39.31	32.98
50	67.69	47.98	40.63	34.00
51	69.19	49.25	41.96	35.04
52	70.56	50.43	43.21	36.00
53	71.72	51.43	44.25	36.82
54	72.52	52.15	44.98	37.40
55	72.88	52.48	45.34	37.69
56	73.52	53.65	46.59	38.89
57	74.77	56.12	49.23	41.45
58	76.24	59.01	52.31	44.47
59	77.52	61.47	54.92	47.01
60	78.20	62.59	56.09	48.14

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	17.86	13.24	12.74	11.72
26	18.19	13.47	12.87	11.85
27	18.74	13.83	13.02	12.05
28	19.44	14.30	13.20	12.26
29	20.26	14.83	13.38	12.49
30	21.12	15.40	13.56	12.74
31	21.98	15.95	13.74	12.98
32	22.76	16.46	13.89	13.19
33	23.42	16.89	14.03	13.37
34	23.89	17.20	14.13	13.50
35	24.12	17.36	14.20	13.58
36	24.56	17.72	14.44	13.77
37	25.60	18.56	15.02	14.25
38	27.10	19.77	15.85	14.92
39	28.90	21.24	16.87	15.74
40	30.86	22.83	17.97	16.62
41	32.81	24.44	19.08	17.52
42	34.64	25.92	20.11	18.34
43	36.16	27.16	20.98	19.04
44	37.25	28.05	21.60	19.55
45	37.76	28.46	21.89	19.78
46	38.49	29.04	22.34	20.14
47	40.17	30.42	23.41	20.98
48	42.60	32.39	24.94	22.17
49	45.52	34.75	26.79	23.63
50	48.69	37.31	28.79	25.19
51	51.84	39.87	30.80	26.77
52	54.78	42.24	32.66	28.22
53	57.24	44.22	34.24	29.46
54	59.01	45.62	35.35	30.33
55	59.80	46.23	35.86	30.73
56	61.96	47.38	37.35	31.93
57	66.44	49.65	40.48	34.45
58	71.65	52.27	44.12	37.38
59	76.01	54.47	47.16	39.83
60	77.94	55.48	48.50	40.91

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	27.96	19.65	16.37	13.58
26	28.54	20.05	16.67	13.89
27	29.53	20.74	17.18	14.45
28	30.84	21.64	17.84	15.19
29	32.36	22.69	18.60	16.05
30	33.96	23.79	19.40	16.96
31	35.55	24.87	20.19	17.88
32	37.00	25.87	20.92	18.71
33	38.20	26.70	21.51	19.40
34	39.05	27.28	21.94	19.88
35	39.42	27.54	22.14	20.10
36	39.84	27.85	22.40	20.33
37	40.78	28.53	23.01	20.83
38	42.12	29.53	23.89	21.54
39	43.73	30.69	24.94	22.42
40	45.47	31.98	26.08	23.34
41	47.21	33.26	27.23	24.28
42	48.82	34.44	28.28	25.15
43	50.17	35.45	29.17	25.87
44	51.13	36.15	29.81	26.38
45	51.56	36.48	30.10	26.62
46	52.09	36.91	30.51	26.92
47	53.34	37.90	31.43	27.61
48	55.11	39.32	32.76	28.60
49	57.23	41.04	34.38	29.79
50	59.54	42.89	36.12	31.08
51	61.85	44.75	37.86	32.38
52	63.98	46.48	39.49	33.59
53	65.77	47.93	40.86	34.61
54	67.03	48.96	41.85	35.34
55	67.60	49.45	42.30	35.70
56	68.87	50.99	43.90	37.13
57	71.45	54.22	47.31	40.20
58	74.46	58.00	51.29	43.79
59	77.00	61.17	54.62	46.81
60	78.20	62.59	56.09	48.14

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	15.11	13.04	11.66
26	15.29	13.18	11.77
27	15.53	13.35	11.90
28	15.80	13.55	12.03
29	16.10	13.76	12.17
30	16.41	13.97	12.30
31	16.71	14.18	12.42
32	16.99	14.36	12.53
33	17.22	14.51	12.62
34	17.39	14.62	12.70
35	17.49	14.68	12.73
36	17.81	14.82	12.86
37	18.57	15.18	13.17
38	19.68	15.68	13.63
39	21.00	16.28	14.17
40	22.45	16.96	14.77
41	23.90	17.62	15.36
42	25.26	18.25	15.92
43	26.41	18.78	16.39
44	27.24	19.17	16.73
45	27.63	19.37	16.90
46	28.35	19.80	17.24
47	30.07	20.82	18.04
48	32.52	22.31	19.19
49	35.49	24.09	20.57
50	38.70	26.02	22.08
51	41.92	27.97	23.58
52	44.91	29.77	24.99
53	47.42	31.27	26.15
54	49.19	32.34	26.99
55	49.99	32.83	27.36
56	51.99	34.06	28.35
57	56.12	36.55	30.37
58	60.90	39.46	32.74
59	64.89	41.88	34.71
60	66.65	42.96	35.59

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	21.51	15.21	12.67
26	21.97	15.53	12.92
27	22.74	16.10	13.37
28	23.77	16.85	13.95
29	24.96	17.70	14.62
30	26.22	18.61	15.33
31	27.47	19.51	16.03
32	28.59	20.34	16.67
33	29.54	21.02	17.20
34	30.19	21.50	17.58
35	30.49	21.71	17.75
36	30.76	21.91	17.93
37	31.36	22.37	18.34
38	32.21	23.02	18.93
39	33.23	23.80	19.64
40	34.33	24.65	20.40
41	35.45	25.49	21.18
42	36.47	26.28	21.89
43	37.33	26.95	22.49
44	37.96	27.43	22.92
45	38.24	27.66	23.12
46	38.70	28.06	23.46
47	39.77	29.02	24.23
48	41.29	30.40	25.35
49	43.14	32.07	26.70
50	45.14	33.87	28.16
51	47.15	35.68	29.61
52	49.00	37.36	30.98
53	50.57	38.78	32.12
54	51.70	39.80	32.95
55	52.23	40.26	33.33
56	54.14	41.78	34.63
57	58.20	45.01	37.39
58	62.92	48.77	40.61
59	66.90	51.92	43.31
60	68.66	53.32	44.50

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	44.45	21.95	19.45	18.95
26	44.93	22.48	19.81	19.30
27	45.55	23.45	20.42	19.87
28	46.26	24.75	21.21	20.60
29	47.02	26.26	22.11	21.46
30	47.79	27.87	23.08	22.36
31	48.52	29.46	24.02	23.25
32	49.19	30.93	24.91	24.06
33	49.77	32.16	25.65	24.75
34	50.20	33.03	26.18	25.22
35	50.45	33.45	26.45	25.45
36	51.29	34.09	27.01	25.80
37	53.31	35.59	28.34	26.63
38	56.24	37.74	30.26	27.82
39	59.76	40.33	32.59	29.25
40	63.58	43.14	35.11	30.80
41	67.42	45.95	37.64	32.36
42	70.96	48.57	39.98	33.82
43	73.92	50.77	41.96	35.07
44	76.00	52.33	43.39	35.97
45	76.91	53.06	44.06	36.41
46	77.68	54.11	45.13	37.33
47	79.41	56.55	47.64	39.51
48	81.87	60.04	51.23	42.67
49	84.81	64.24	55.56	46.46
50	88.00	68.81	60.27	50.59
51	91.18	73.39	64.98	54.73
52	94.16	77.65	69.37	58.57
53	96.68	81.24	73.05	61.82
54	98.52	83.80	75.69	64.13
55	99.41	85.01	76.91	65.21
56	103.59	89.28	80.90	68.76
57	112.58	98.32	89.30	76.23
58	123.11	108.86	99.09	84.93
59	131.93	117.67	107.26	92.20
60	135.81	121.52	110.82	95.36

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 70 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	53.23	32.31	27.79	24.91
26	54.04	32.99	28.33	25.34
27	55.33	34.20	29.28	26.08
28	56.93	35.80	30.51	27.02
29	58.74	37.64	31.94	28.10
30	60.65	39.61	33.43	29.23
31	62.51	41.55	34.93	30.35
32	64.22	43.32	36.28	31.37
33	65.63	44.80	37.41	32.21
34	66.64	45.85	38.23	32.81
35	67.12	46.32	38.60	33.08
36	67.91	46.96	39.13	33.41
37	69.78	48.39	40.38	34.17
38	72.45	50.45	42.15	35.26
39	75.65	52.91	44.28	36.57
40	79.13	55.58	46.59	37.98
41	82.60	58.25	48.88	39.40
42	85.80	60.71	51.03	40.71
43	88.47	62.75	52.80	41.82
44	90.32	64.19	54.03	42.59
45	91.12	64.80	54.57	42.96
46	91.57	65.19	54.93	43.45
47	92.53	66.01	55.71	44.59
48	93.86	67.16	56.82	46.20
49	95.45	68.55	58.14	48.17
50	97.17	70.05	59.57	50.30
51	98.92	71.57	61.02	52.45
52	100.55	72.99	62.38	54.45
53	101.95	74.21	63.54	56.15
54	103.00	75.13	64.42	57.39
55	103.59	75.64	64.89	58.01
56	107.96	79.47	68.27	61.14
57	117.52	87.87	75.67	67.87
58	128.77	97.74	84.35	75.75
59	138.23	106.01	91.63	82.37
60	142.38	109.62	94.80	85.24

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	35.45	21.20	19.25	18.45
26	35.95	21.68	19.61	18.76
27	36.69	22.56	20.20	19.25
28	37.61	23.72	20.95	19.89
29	38.63	25.08	21.84	20.62
30	39.71	26.51	22.76	21.38
31	40.75	27.94	23.67	22.13
32	41.72	29.24	24.51	22.80
33	42.54	30.33	25.21	23.37
34	43.14	31.10	25.72	23.76
35	43.45	31.45	25.95	23.95
36	44.25	31.89	26.34	24.15
37	46.18	32.90	27.23	24.61
38	48.95	34.34	28.53	25.25
39	52.29	36.08	30.09	26.02
40	55.92	37.96	31.78	26.87
41	59.54	39.84	33.46	27.70
42	62.88	41.59	35.04	28.49
43	65.68	43.06	36.34	29.16
44	67.65	44.10	37.27	29.63
45	68.50	44.58	37.68	29.86
46	69.17	45.23	38.13	30.28
47	70.68	46.74	39.15	31.25
48	72.81	48.91	40.61	32.66
49	75.36	51.53	42.36	34.36
50	78.10	54.36	44.25	36.20
51	80.86	57.18	46.17	38.04
52	83.41	59.83	47.94	39.76
53	85.56	62.05	49.44	41.21
54	87.10	63.62	50.51	42.24
55	87.82	64.36	51.02	42.74
56	90.30	66.73	52.98	44.53
57	95.53	71.69	57.18	48.33
58	101.64	77.51	62.07	52.79
59	106.80	82.36	66.18	56.51
60	109.12	84.52	67.99	58.15

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 67 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	50.83	32.11	27.31	23.47
26	51.47	32.77	27.85	23.92
27	52.36	33.91	28.78	24.69
28	53.44	35.42	30.00	25.68
29	54.63	37.15	31.40	26.82
30	55.86	38.98	32.87	28.04
31	57.04	40.78	34.33	29.22
32	58.12	42.44	35.67	30.32
33	59.01	43.80	36.77	31.21
34	59.64	44.76	37.54	31.85
35	59.95	45.17	37.87	32.11
36	60.49	45.48	38.13	32.30
37	61.74	46.16	38.72	32.71
38	63.54	47.10	39.54	33.30
39	65.68	48.22	40.52	34.00
40	68.01	49.44	41.57	34.74
41	70.35	50.65	42.63	35.48
42	72.50	51.78	43.62	36.17
43	74.30	52.73	44.44	36.76
44	75.55	53.41	45.02	37.17
45	76.08	53.72	45.28	37.36
46	76.37	54.20	45.58	37.62
47	76.98	55.28	46.28	38.21
48	77.83	56.85	47.28	39.07
49	78.85	58.74	48.47	40.09
50	79.96	60.80	49.78	41.21
51	81.07	62.86	51.09	42.33
52	82.10	64.77	52.33	43.39
53	82.99	66.41	53.35	44.28
54	83.65	67.58	54.12	44.94
55	84.00	68.16	54.52	45.28
56	86.36	70.73	56.70	47.19
57	91.49	76.26	61.40	51.31
58	97.53	82.73	66.93	56.16
59	102.62	88.16	71.57	60.22
60	104.93	90.57	73.61	62.01

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	31.45	20.95	18.45	16.45
26	31.82	21.35	18.79	16.71
27	32.33	22.04	19.36	17.12
28	32.93	22.94	20.09	17.65
29	33.58	23.99	20.94	18.25
30	34.26	25.08	21.85	18.87
31	34.91	26.17	22.73	19.49
32	35.53	27.16	23.55	20.05
33	36.05	27.98	24.21	20.51
34	36.45	28.58	24.71	20.85
35	36.70	28.86	24.94	21.02
36	37.62	29.29	25.33	21.31
37	39.84	30.27	26.27	21.99
38	43.07	31.70	27.61	22.94
39	46.95	33.41	29.24	24.11
40	51.16	35.28	30.99	25.37
41	55.38	37.12	32.74	26.64
42	59.27	38.86	34.35	27.81
43	62.52	40.30	35.71	28.79
44	64.79	41.33	36.67	29.49
45	65.76	41.79	37.09	29.80
46	66.40	42.36	37.48	30.16
47	67.79	43.67	38.36	31.03
48	69.74	45.54	39.60	32.25
49	72.05	47.78	41.09	33.70
50	74.55	50.22	42.71	35.28
51	77.04	52.66	44.32	36.87
52	79.32	54.91	45.82	38.34
53	81.24	56.80	47.07	39.58
54	82.58	58.12	47.96	40.45
55	83.15	58.71	48.37	40.85
56	83.75	59.76	49.41	41.93
57	84.81	61.83	51.58	44.17
58	86.03	64.23	54.11	46.79
59	87.09	66.26	56.25	48.99
60	87.70	67.23	57.23	49.99

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TO AGE 65 BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	49.21	30.51	25.81	21.58
26	49.80	31.10	26.27	21.99
27	50.62	32.09	27.08	22.70
28	51.58	33.38	28.11	23.62
29	52.62	34.88	29.28	24.69
30	53.70	36.46	30.53	25.79
31	54.74	38.02	31.76	26.89
32	55.69	39.43	32.88	27.90
33	56.47	40.61	33.80	28.73
34	57.02	41.43	34.45	29.32
35	57.30	41.79	34.74	29.57
36	57.86	42.11	35.02	29.77
37	59.17	42.81	35.64	30.24
38	61.04	43.81	36.52	30.91
39	63.30	45.00	37.58	31.69
40	65.74	46.29	38.71	32.53
41	68.20	47.59	39.86	33.39
42	70.46	48.78	40.92	34.17
43	72.34	49.77	41.80	34.83
44	73.64	50.49	42.42	35.30
45	74.21	50.81	42.71	35.51
46	74.55	51.21	43.02	35.78
47	75.27	52.15	43.72	36.40
48	76.27	53.50	44.74	37.30
49	77.46	55.10	45.95	38.35
50	78.76	56.85	47.27	39.53
51	80.04	58.59	48.59	40.69
52	81.22	60.22	49.82	41.77
53	82.21	61.57	50.85	42.69
54	82.90	62.53	51.59	43.35
55	83.22	62.98	51.94	43.66
56	83.79	64.13	53.13	44.85
57	84.93	66.52	55.65	47.39
58	86.28	69.31	58.60	50.35
59	87.46	71.66	61.09	52.85
60	88.12	72.77	62.23	53.98

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - MALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	24.95	16.11	14.34	12.45
26	25.44	16.48	14.64	12.69
27	26.29	17.15	15.18	13.12
28	27.41	18.04	15.90	13.66
29	28.70	19.08	16.71	14.30
30	30.05	20.18	17.59	14.96
31	31.40	21.28	18.45	15.63
32	32.64	22.28	19.25	16.24
33	33.67	23.13	19.90	16.74
34	34.40	23.74	20.37	17.11
35	34.75	24.01	20.59	17.29
36	35.31	24.44	20.90	17.59
37	36.62	25.44	21.64	18.32
38	38.50	26.87	22.69	19.35
39	40.75	28.58	23.94	20.60
40	43.19	30.45	25.31	21.96
41	45.66	32.31	26.68	23.33
42	47.93	34.04	27.95	24.58
43	49.84	35.49	29.02	25.65
44	51.20	36.52	29.80	26.40
45	51.82	37.00	30.16	26.74
46	52.65	37.65	30.75	27.18
47	54.59	39.17	32.14	28.19
48	57.36	41.35	34.13	29.64
49	60.68	43.96	36.53	31.39
50	64.28	46.78	39.12	33.28
51	67.88	49.62	41.72	35.17
52	71.20	52.24	44.13	36.92
53	73.99	54.42	46.14	38.38
54	75.94	55.97	47.56	39.44
55	76.80	56.66	48.18	39.91
56	78.17	57.96	49.30	41.11
57	80.82	60.55	51.53	43.60
58	83.89	63.55	54.09	46.47
59	86.46	66.07	56.24	48.90
60	87.70	67.23	57.23	49.99

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
FIVE YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY	365 DAY
18-25	35.34	25.31	20.54	17.64
26	36.08	25.83	21.00	18.01
27	37.35	26.71	21.82	18.67
28	39.04	27.90	22.93	19.55
29	41.00	29.25	24.20	20.55
30	43.08	30.70	25.57	21.62
31	45.11	32.11	26.90	22.68
32	46.98	33.40	28.13	23.64
33	48.54	34.48	29.13	24.45
34	49.62	35.23	29.86	25.02
35	50.11	35.57	30.16	25.26
36	50.58	35.89	30.42	25.51
37	51.67	36.57	30.97	26.06
38	53.21	37.56	31.77	26.85
39	55.05	38.74	32.72	27.81
40	57.03	40.02	33.75	28.83
41	59.02	41.30	34.78	29.86
42	60.85	42.48	35.72	30.80
43	62.39	43.47	36.52	31.59
44	63.48	44.18	37.09	32.15
45	63.97	44.50	37.35	32.40
46	64.52	44.91	37.67	32.65
47	65.80	45.84	38.42	33.25
48	67.61	47.19	39.50	34.08
49	69.78	48.80	40.80	35.09
50	72.13	50.55	42.20	36.19
51	74.48	52.32	43.62	37.29
52	76.65	53.94	44.93	38.31
53	78.46	55.33	46.04	39.18
54	79.75	56.31	46.85	39.81
55	80.31	56.79	47.24	40.13
56	81.26	58.64	48.97	41.71
57	83.14	62.57	52.66	45.13
58	85.32	67.18	56.98	49.13
59	87.19	71.04	60.63	52.50
60	88.12	72.77	62.23	53.98

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - MALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	18.54	14.46	13.14
26	18.94	14.68	13.31
27	19.66	15.06	13.54
28	20.60	15.55	13.83
29	21.67	16.09	14.16
30	22.83	16.66	14.47
31	23.97	17.21	14.80
32	25.03	17.73	15.10
33	25.90	18.16	15.34
34	26.53	18.47	15.52
35	26.82	18.62	15.62
36	27.25	18.92	15.87
37	28.23	19.61	16.47
38	29.65	20.62	17.32
39	31.35	21.83	18.36
40	33.21	23.16	19.49
41	35.07	24.48	20.61
42	36.80	25.71	21.67
43	38.26	26.73	22.56
44	39.31	27.49	23.20
45	39.80	27.84	23.50
46	40.68	28.44	24.00
47	42.76	29.87	25.20
48	45.74	31.93	26.92
49	49.33	34.39	28.98
50	53.21	37.07	31.22
51	57.09	39.75	33.45
52	60.67	42.23	35.53
53	63.67	44.29	37.25
54	65.76	45.74	38.47
55	66.65	46.38	39.00
56	67.48	47.30	39.78
57	68.91	49.04	41.28
58	70.51	51.04	43.00
59	71.87	52.73	44.46
60	72.56	53.52	45.14

SOCIAL INSURANCE SUPPLEMENT RIDER
RIDER FORM 11DSI-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
TWO YEAR BENEFIT PERIOD
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	60 DAY	90 DAY	180 DAY
18-25	27.00	19.14	15.94
26	27.59	19.54	16.28
27	28.63	20.24	16.86
28	30.01	21.18	17.66
29	31.59	22.24	18.55
30	33.28	23.37	19.50
31	34.94	24.49	20.44
32	36.47	25.52	21.31
33	37.72	26.36	22.03
34	38.61	26.96	22.54
35	39.00	27.22	22.75
36	39.36	27.46	22.97
37	40.20	28.01	23.42
38	41.37	28.77	24.08
39	42.79	29.70	24.86
40	44.31	30.71	25.71
41	45.84	31.70	26.56
42	47.26	32.64	27.35
43	48.46	33.42	28.02
44	49.32	33.99	28.51
45	49.74	34.26	28.74
46	50.46	34.76	29.16
47	52.18	35.94	30.17
48	54.63	37.65	31.62
49	57.57	39.70	33.35
50	60.76	41.93	35.24
51	63.97	44.16	37.14
52	66.91	46.24	38.90
53	69.37	47.99	40.38
54	71.09	49.22	41.45
55	71.82	49.80	41.94
56	72.43	51.57	43.64
57	73.42	55.26	47.21
58	74.53	59.57	51.38
59	75.49	63.16	54.88
60	76.02	64.77	56.42

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 5M - MALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	7.78	6.85	6.48	2.22	18-25	5.63	4.97	4.76	1.86
26	7.91	6.97	6.58	2.24	26	5.72	5.05	4.82	1.88
27	8.12	7.16	6.72	2.27	27	5.86	5.19	4.92	1.89
28	8.40	7.41	6.91	2.30	28	6.04	5.36	5.03	1.91
29	8.70	7.69	7.11	2.34	29	6.25	5.56	5.16	1.92
30	9.03	7.99	7.33	2.37	30	6.46	5.77	5.29	1.93
31	9.35	8.29	7.54	2.40	31	6.67	5.98	5.41	1.94
32	9.64	8.55	7.73	2.43	32	6.87	6.16	5.53	1.95
33	9.89	8.77	7.89	2.45	33	7.03	6.32	5.62	1.96
34	10.06	8.93	8.00	2.47	34	7.14	6.42	5.69	1.97
35	10.14	9.00	8.05	2.48	35	7.19	6.47	5.72	1.97
36	10.26	9.08	8.12	2.50	36	7.26	6.51	5.76	1.99
37	10.54	9.26	8.27	2.56	37	7.41	6.60	5.85	2.03
38	10.93	9.51	8.48	2.65	38	7.62	6.73	5.97	2.10
39	11.41	9.81	8.74	2.75	39	7.88	6.88	6.12	2.17
40	11.92	10.13	9.01	2.86	40	8.16	7.05	6.28	2.26
41	12.43	10.45	9.28	2.98	41	8.43	7.21	6.44	2.34
42	12.89	10.75	9.53	3.08	42	8.69	7.36	6.59	2.42
43	13.28	10.99	9.73	3.16	43	8.90	7.48	6.71	2.48
44	13.54	11.15	9.87	3.22	44	9.04	7.55	6.79	2.52
45	13.64	11.20	9.91	3.24	45	9.09	7.58	6.81	2.54
46	13.58	11.10	9.80	3.23	46	9.05	7.51	6.74	2.53
47	13.40	10.84	9.51	3.19	47	8.92	7.33	6.55	2.49
48	13.13	10.45	9.10	3.14	48	8.74	7.07	6.27	2.43
49	12.81	9.98	8.59	3.07	49	8.52	6.75	5.93	2.36
50	12.45	9.47	8.04	3.00	50	8.27	6.40	5.57	2.29
51	12.08	8.96	7.48	2.92	51	8.03	6.04	5.20	2.21
52	11.74	8.48	6.97	2.86	52	7.79	5.72	4.85	2.14
53	11.45	8.07	6.53	2.80	53	7.60	5.44	4.56	2.08
54	11.24	7.78	6.22	2.76	54	7.45	5.24	4.36	2.04
55	11.13	7.65	6.08	2.74	55	7.38	5.15	4.26	2.02
56	10.57	7.19	5.64	2.70	56	7.01	4.84	3.95	1.98
57	9.35	6.22	4.72	2.62	57	6.20	4.19	3.31	1.90
58	7.94	5.10	3.65	2.52	58	5.26	3.43	2.56	1.80
59	6.77	4.18	2.77	2.45	59	4.49	2.81	1.95	1.73
60	6.31	3.81	2.42	2.42	60	4.18	2.56	1.70	1.70

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 5A - MALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	6.08	5.50	4.92	1.92	18-25	4.44	4.02	3.65	1.62
26	6.16	5.57	4.99	1.94	26	4.49	4.07	3.70	1.63
27	6.27	5.67	5.09	1.96	27	4.57	4.14	3.76	1.64
28	6.41	5.80	5.21	1.98	28	4.66	4.23	3.84	1.65
29	6.57	5.94	5.35	2.00	29	4.76	4.33	3.92	1.66
30	6.73	6.08	5.50	2.02	30	4.86	4.43	4.01	1.66
31	6.88	6.21	5.64	2.04	31	4.96	4.52	4.09	1.66
32	7.03	6.34	5.77	2.06	32	5.05	4.61	4.17	1.67
33	7.15	6.44	5.87	2.07	33	5.13	4.68	4.23	1.67
34	7.23	6.52	5.95	2.08	34	5.18	4.73	4.27	1.67
35	7.28	6.55	5.98	2.09	35	5.21	4.75	4.29	1.67
36	7.40	6.60	6.02	2.10	36	5.28	4.78	4.32	1.68
37	7.70	6.73	6.12	2.14	37	5.45	4.84	4.37	1.71
38	8.12	6.91	6.27	2.19	38	5.70	4.93	4.45	1.74
39	8.62	7.13	6.44	2.25	39	5.99	5.04	4.55	1.79
40	9.17	7.37	6.62	2.31	40	6.31	5.16	4.65	1.83
41	9.72	7.60	6.80	2.37	41	6.63	5.28	4.76	1.88
42	10.22	7.81	6.97	2.43	42	6.92	5.38	4.85	1.92
43	10.64	7.99	7.10	2.48	43	7.16	5.47	4.93	1.96
44	10.93	8.10	7.19	2.51	44	7.32	5.52	4.98	1.98
45	11.04	8.14	7.22	2.52	45	7.39	5.54	4.99	1.99
46	11.02	8.06	7.13	2.50	46	7.38	5.48	4.93	1.97
47	10.96	7.85	6.91	2.45	47	7.33	5.34	4.78	1.93
48	10.85	7.55	6.58	2.37	48	7.25	5.13	4.56	1.86
49	10.72	7.17	6.18	2.28	49	7.15	4.87	4.30	1.77
50	10.57	6.77	5.75	2.18	50	7.05	4.59	4.01	1.68
51	10.42	6.36	5.32	2.09	51	6.94	4.31	3.71	1.59
52	10.27	5.98	4.91	1.99	52	6.83	4.05	3.44	1.51
53	10.14	5.66	4.57	1.92	53	6.74	3.83	3.22	1.44
54	10.05	5.43	4.33	1.86	54	6.67	3.67	3.05	1.39
55	9.99	5.33	4.22	1.84	55	6.63	3.60	2.98	1.37
56	9.49	5.01	3.91	1.82	56	6.30	3.38	2.76	1.34
57	8.40	4.33	3.27	1.77	57	5.58	2.92	2.31	1.30
58	7.13	3.55	2.53	1.73	58	4.73	2.40	1.79	1.25
59	6.08	2.91	1.92	1.69	59	4.04	1.96	1.36	1.20
60	5.66	2.65	1.68	1.68	60	3.76	1.79	1.19	1.19

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 4M - MALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	8.37	7.35	6.96	2.28	18-25	5.97	5.32	5.10	1.91
26	8.54	7.48	7.08	2.31	26	6.09	5.41	5.18	1.93
27	8.83	7.69	7.28	2.35	27	6.29	5.56	5.31	1.96
28	9.21	7.96	7.54	2.40	28	6.55	5.75	5.48	1.99
29	9.65	8.27	7.84	2.45	29	6.86	5.97	5.66	2.02
30	10.11	8.60	8.15	2.51	30	7.18	6.20	5.86	2.05
31	10.57	8.93	8.45	2.56	31	7.50	6.43	6.05	2.08
32	10.99	9.22	8.73	2.61	32	7.79	6.63	6.23	2.11
33	11.34	9.47	8.96	2.66	33	8.03	6.81	6.37	2.13
34	11.59	9.64	9.13	2.69	34	8.20	6.93	6.47	2.15
35	11.70	9.72	9.20	2.70	35	8.27	6.98	6.52	2.16
36	11.84	9.83	9.29	2.73	36	8.35	7.04	6.57	2.18
37	12.17	10.10	9.50	2.80	37	8.53	7.19	6.69	2.23
38	12.64	10.47	9.80	2.91	38	8.79	7.40	6.86	2.31
39	13.20	10.92	10.15	3.03	39	9.10	7.64	7.05	2.40
40	13.80	11.40	10.53	3.17	40	9.43	7.91	7.27	2.50
41	14.41	11.88	10.91	3.30	41	9.76	8.17	7.48	2.60
42	14.96	12.32	11.25	3.42	42	10.06	8.41	7.67	2.69
43	15.41	12.67	11.53	3.52	43	10.31	8.61	7.82	2.76
44	15.72	12.92	11.72	3.59	44	10.48	8.74	7.93	2.81
45	15.84	13.00	11.78	3.62	45	10.54	8.78	7.96	2.83
46	15.78	12.87	11.64	3.60	46	10.49	8.69	7.87	2.81
47	15.59	12.54	11.27	3.55	47	10.37	8.46	7.62	2.76
48	15.31	12.04	10.74	3.48	48	10.18	8.13	7.26	2.69
49	14.97	11.44	10.09	3.39	49	9.94	7.72	6.83	2.61
50	14.59	10.79	9.38	3.30	50	9.68	7.27	6.36	2.51
51	14.21	10.13	8.67	3.20	51	9.42	6.82	5.89	2.42
52	13.85	9.51	8.01	3.11	52	9.18	6.41	5.44	2.33
53	13.54	9.00	7.46	3.04	53	8.97	6.06	5.07	2.26
54	13.32	8.63	7.06	2.98	54	8.82	5.80	4.81	2.20
55	13.20	8.46	6.88	2.96	55	8.74	5.69	4.69	2.18
56	12.53	7.95	6.38	2.93	56	8.30	5.34	4.35	2.14
57	11.09	6.87	5.33	2.87	57	7.34	4.62	3.64	2.06
58	9.41	5.64	4.13	2.81	58	6.23	3.79	2.82	1.97
59	8.03	4.62	3.14	2.75	59	5.32	3.10	2.14	1.90
60	7.48	4.21	2.74	2.74	60	4.95	2.83	1.87	1.87

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 4A - MALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	6.67	5.95	5.40	2.04	18-25	4.79	4.33	3.99	1.72
26	6.79	6.05	5.49	2.06	26	4.87	4.40	4.05	1.73
27	6.98	6.20	5.65	2.08	27	5.01	4.51	4.15	1.75
28	7.23	6.40	5.85	2.11	28	5.18	4.65	4.28	1.76
29	7.51	6.63	6.08	2.13	29	5.38	4.81	4.42	1.77
30	7.81	6.87	6.32	2.15	30	5.58	4.98	4.58	1.78
31	8.10	7.11	6.55	2.18	31	5.79	5.14	4.72	1.78
32	8.38	7.32	6.77	2.19	32	5.97	5.29	4.86	1.79
33	8.60	7.50	6.95	2.21	33	6.13	5.41	4.97	1.79
34	8.76	7.62	7.07	2.22	34	6.24	5.50	5.05	1.80
35	8.84	7.68	7.13	2.23	35	6.29	5.54	5.08	1.80
36	8.98	7.76	7.19	2.25	36	6.37	5.58	5.11	1.82
37	9.30	7.94	7.33	2.30	37	6.56	5.68	5.19	1.85
38	9.77	8.19	7.53	2.38	38	6.82	5.82	5.30	1.91
39	10.33	8.50	7.76	2.46	39	7.14	5.98	5.42	1.97
40	10.93	8.83	8.02	2.56	40	7.49	6.16	5.56	2.04
41	11.53	9.16	8.27	2.66	41	7.84	6.33	5.70	2.11
42	12.09	9.46	8.49	2.74	42	8.15	6.49	5.82	2.17
43	12.54	9.70	8.68	2.81	43	8.41	6.62	5.92	2.22
44	12.86	9.86	8.80	2.86	44	8.59	6.70	5.98	2.26
45	12.98	9.92	8.84	2.88	45	8.66	6.73	6.00	2.27
46	12.94	9.82	8.73	2.86	46	8.63	6.66	5.92	2.25
47	12.82	9.54	8.44	2.81	47	8.55	6.47	5.73	2.20
48	12.64	9.14	8.01	2.73	48	8.42	6.19	5.44	2.13
49	12.41	8.66	7.50	2.63	49	8.26	5.86	5.10	2.04
50	12.16	8.13	6.94	2.53	50	8.09	5.50	4.73	1.94
51	11.91	7.59	6.38	2.42	51	7.91	5.13	4.35	1.84
52	11.67	7.10	5.85	2.32	52	7.75	4.79	4.00	1.75
53	11.46	6.68	5.41	2.24	53	7.60	4.51	3.70	1.68
54	11.30	6.39	5.10	2.18	54	7.50	4.30	3.49	1.62
55	11.22	6.25	4.96	2.16	55	7.44	4.21	3.40	1.60
56	10.66	5.87	4.59	2.13	56	7.07	3.95	3.15	1.57
57	9.43	5.08	3.84	2.08	57	6.26	3.42	2.63	1.50
58	8.01	4.16	2.97	2.03	58	5.31	2.80	2.04	1.43
59	6.83	3.41	2.26	1.98	59	4.53	2.29	1.55	1.37
60	6.36	3.11	1.97	1.97	60	4.22	2.09	1.35	1.35

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 3M - MALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	10.26	8.75	8.16	2.76	18-25	6.71	5.74	5.43	2.12
26	10.44	8.90	8.30	2.79	26	6.82	5.83	5.51	2.14
27	10.73	9.14	8.52	2.82	27	6.98	5.99	5.64	2.16
28	11.10	9.44	8.80	2.85	28	7.19	6.18	5.80	2.17
29	11.53	9.79	9.11	2.88	29	7.43	6.40	5.98	2.19
30	11.98	10.16	9.45	2.92	30	7.68	6.64	6.17	2.20
31	12.42	10.52	9.78	2.95	31	7.93	6.86	6.35	2.22
32	12.83	10.85	10.08	2.98	32	8.16	7.07	6.52	2.23
33	13.17	11.12	10.33	3.00	33	8.34	7.24	6.66	2.24
34	13.41	11.31	10.50	3.02	34	8.48	7.37	6.76	2.24
35	13.52	11.40	10.58	3.03	35	8.54	7.42	6.80	2.25
36	13.70	11.52	10.68	3.06	36	8.65	7.48	6.85	2.27
37	14.10	11.79	10.90	3.15	37	8.90	7.62	6.97	2.33
38	14.69	12.18	11.21	3.27	38	9.26	7.82	7.14	2.42
39	15.39	12.64	11.58	3.41	39	9.70	8.06	7.33	2.52
40	16.15	13.14	11.99	3.57	40	10.16	8.32	7.55	2.64
41	16.90	13.64	12.38	3.73	41	10.63	8.58	7.76	2.75
42	17.59	14.09	12.75	3.87	42	11.06	8.81	7.95	2.85
43	18.16	14.46	13.04	3.99	43	11.41	9.00	8.11	2.93
44	18.55	14.71	13.24	4.07	44	11.65	9.13	8.21	2.99
45	18.70	14.80	13.30	4.10	45	11.74	9.17	8.24	3.01
46	18.62	14.66	13.14	4.08	46	11.68	9.08	8.14	2.99
47	18.39	14.30	12.72	4.02	47	11.49	8.85	7.89	2.93
48	18.04	13.77	12.11	3.93	48	11.23	8.50	7.53	2.85
49	17.61	13.12	11.36	3.82	49	10.90	8.09	7.08	2.74
50	17.14	12.41	10.55	3.70	50	10.53	7.63	6.60	2.63
51	16.67	11.70	9.73	3.58	51	10.17	7.17	6.11	2.52
52	16.22	11.04	8.97	3.47	52	9.83	6.75	5.66	2.41
53	15.84	10.48	8.34	3.37	53	9.54	6.39	5.27	2.33
54	15.57	10.08	7.89	3.31	54	9.33	6.14	5.00	2.27
55	15.43	9.90	7.68	3.28	55	9.23	6.02	4.88	2.24
56	14.73	9.35	7.13	3.26	56	8.81	5.68	4.53	2.21
57	13.23	8.19	6.00	3.24	57	7.91	4.98	3.82	2.15
58	11.48	6.85	4.70	3.22	58	6.86	4.16	2.99	2.09
59	10.04	5.76	3.63	3.20	59	6.00	3.50	2.30	2.05
60	9.47	5.32	3.20	3.20	60	5.66	3.23	2.03	2.03

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 3A - MALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	9.13	8.13	7.56	2.38	18-25	5.99	5.34	5.04	1.83
26	9.29	8.25	7.68	2.42	26	6.08	5.42	5.11	1.86
27	9.54	8.44	7.87	2.47	27	6.23	5.54	5.22	1.89
28	9.86	8.69	8.12	2.54	28	6.41	5.70	5.36	1.94
29	10.23	8.96	8.39	2.62	29	6.61	5.87	5.52	1.99
30	10.62	9.24	8.68	2.70	30	6.83	6.05	5.68	2.04
31	11.01	9.52	8.97	2.78	31	7.04	6.23	5.84	2.09
32	11.36	9.77	9.23	2.85	32	7.24	6.39	5.98	2.14
33	11.65	9.98	9.44	2.92	33	7.40	6.52	6.10	2.18
34	11.86	10.13	9.59	2.96	34	7.51	6.62	6.18	2.21
35	11.96	10.20	9.66	2.98	35	7.57	6.66	6.22	2.22
36	12.13	10.30	9.74	3.02	36	7.68	6.71	6.26	2.25
37	12.54	10.54	9.93	3.10	37	7.93	6.84	6.36	2.30
38	13.13	10.89	10.20	3.22	38	8.29	7.01	6.50	2.39
39	13.83	11.30	10.51	3.37	39	8.73	7.22	6.67	2.49
40	14.59	11.74	10.85	3.52	40	9.19	7.45	6.85	2.60
41	15.35	12.18	11.19	3.68	41	9.66	7.67	7.03	2.71
42	16.04	12.58	11.50	3.82	42	10.09	7.88	7.19	2.81
43	16.61	12.90	11.75	3.94	43	10.45	8.04	7.32	2.89
44	17.01	13.12	11.92	4.02	44	10.69	8.15	7.40	2.95
45	17.16	13.20	11.97	4.05	45	10.78	8.19	7.43	2.97
46	17.11	13.07	11.83	4.03	46	10.73	8.11	7.35	2.95
47	16.95	12.73	11.48	3.97	47	10.60	7.89	7.13	2.89
48	16.70	12.24	10.96	3.87	48	10.39	7.57	6.82	2.81
49	16.39	11.63	10.33	3.76	49	10.14	7.18	6.45	2.70
50	16.06	10.98	9.64	3.64	50	9.86	6.76	6.04	2.59
51	15.71	10.31	8.95	3.52	51	9.58	6.33	5.62	2.47
52	15.39	9.70	8.30	3.40	52	9.32	5.94	5.24	2.37
53	15.11	9.18	7.76	3.31	53	9.09	5.60	4.92	2.28
54	14.91	8.81	7.38	3.24	54	8.93	5.37	4.69	2.22
55	14.80	8.64	7.20	3.21	55	8.85	5.26	4.58	2.19
56	14.14	8.15	6.69	3.18	56	8.45	4.96	4.26	2.15
57	12.69	7.15	5.63	3.12	57	7.59	4.35	3.59	2.08
58	11.01	5.98	4.41	3.06	58	6.58	3.64	2.81	2.00
59	9.63	5.03	3.40	3.01	59	5.76	3.06	2.17	1.93
60	9.08	4.65	3.00	3.00	60	5.43	2.83	1.91	1.91

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 5M - FEMALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	12.15	10.65	9.36	2.64	18-25	8.48	7.44	6.46	2.10
26	12.36	10.85	9.56	2.69	26	8.63	7.58	6.59	2.14
27	12.69	11.18	9.91	2.76	27	8.87	7.80	6.83	2.19
28	13.11	11.61	10.37	2.86	28	9.17	8.10	7.14	2.27
29	13.60	12.10	10.90	2.97	29	9.53	8.43	7.50	2.35
30	14.11	12.62	11.46	3.08	30	9.90	8.79	7.88	2.44
31	14.62	13.13	12.02	3.19	31	10.26	9.13	8.25	2.52
32	15.08	13.59	12.52	3.30	32	10.59	9.45	8.59	2.60
33	15.46	13.98	12.94	3.38	33	10.87	9.71	8.87	2.67
34	15.73	14.24	13.22	3.44	34	11.06	9.89	9.06	2.71
35	15.86	14.35	13.34	3.47	35	11.15	9.96	9.14	2.73
36	16.06	14.39	13.37	3.50	36	11.25	9.97	9.15	2.75
37	16.55	14.47	13.41	3.56	37	11.49	9.98	9.16	2.79
38	17.23	14.58	13.46	3.65	38	11.83	9.99	9.16	2.85
39	18.05	14.71	13.52	3.76	39	12.24	10.00	9.16	2.92
40	18.94	14.84	13.57	3.87	40	12.67	10.01	9.16	2.99
41	19.82	14.96	13.62	3.99	41	13.10	10.01	9.16	3.06
42	20.62	15.07	13.66	4.09	42	13.50	10.01	9.15	3.13
43	21.28	15.15	13.69	4.17	43	13.82	10.00	9.13	3.18
44	21.72	15.20	13.70	4.23	44	14.03	9.99	9.12	3.22
45	21.87	15.20	13.68	4.25	45	14.10	9.97	9.10	3.23
46	21.61	14.98	13.46	4.21	46	13.93	9.83	8.96	3.20
47	20.93	14.45	12.92	4.11	47	13.49	9.47	8.61	3.11
48	19.94	13.67	12.14	3.96	48	12.85	8.96	8.11	2.98
49	18.73	12.73	11.19	3.77	49	12.07	8.34	7.51	2.82
50	17.41	11.70	10.17	3.57	50	11.22	7.67	6.85	2.65
51	16.08	10.67	9.13	3.37	51	10.36	6.99	6.19	2.48
52	14.85	9.72	8.18	3.19	52	9.57	6.36	5.58	2.32
53	13.82	8.92	7.38	3.04	53	8.90	5.84	5.06	2.18
54	13.09	8.35	6.81	2.93	54	8.43	5.47	4.70	2.09
55	12.76	8.10	6.56	2.88	55	8.22	5.30	4.54	2.05
56	12.01	7.56	6.05	2.82	56	7.73	4.95	4.19	2.00
57	10.48	6.47	5.02	2.72	57	6.75	4.23	3.48	1.92
58	8.72	5.22	3.84	2.61	58	5.62	3.41	2.66	1.82
59	7.28	4.19	2.88	2.52	59	4.69	2.74	1.99	1.75
60	6.71	3.78	2.49	2.49	60	4.32	2.47	1.72	1.72

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 5A - FEMALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	8.29	7.30	6.96	2.28	18-25	5.84	5.15	4.84	1.83
26	8.48	7.43	7.07	2.33	26	5.97	5.24	4.91	1.87
27	8.81	7.64	7.23	2.41	27	6.21	5.39	5.03	1.93
28	9.25	7.92	7.44	2.52	28	6.52	5.58	5.17	2.02
29	9.77	8.24	7.68	2.65	29	6.89	5.79	5.32	2.11
30	10.31	8.57	7.92	2.79	30	7.28	6.02	5.49	2.22
31	10.85	8.90	8.16	2.93	31	7.66	6.24	5.65	2.32
32	11.34	9.20	8.38	3.05	32	8.01	6.44	5.80	2.41
33	11.75	9.45	8.56	3.15	33	8.30	6.61	5.92	2.49
34	12.04	9.62	8.68	3.22	34	8.50	6.73	6.00	2.54
35	12.17	9.70	8.74	3.25	35	8.59	6.78	6.04	2.56
36	12.30	9.79	8.80	3.26	36	8.65	6.83	6.07	2.57
37	12.60	9.99	8.93	3.30	37	8.79	6.93	6.14	2.59
38	13.02	10.28	9.11	3.34	38	8.98	7.07	6.24	2.61
39	13.52	10.62	9.33	3.39	39	9.21	7.24	6.36	2.64
40	14.06	10.99	9.56	3.44	40	9.45	7.43	6.48	2.67
41	14.59	11.36	9.79	3.49	41	9.70	7.61	6.61	2.69
42	15.08	11.69	10.00	3.53	42	9.92	7.78	6.72	2.72
43	15.48	11.96	10.17	3.57	43	10.09	7.91	6.81	2.74
44	15.75	12.14	10.28	3.59	44	10.21	7.99	6.87	2.75
45	15.84	12.20	10.31	3.60	45	10.25	8.02	6.88	2.75
46	15.69	12.04	10.16	3.56	46	10.15	7.92	6.79	2.72
47	15.30	11.65	9.79	3.46	47	9.89	7.65	6.55	2.63
48	14.73	11.06	9.25	3.32	48	9.52	7.27	6.20	2.51
49	14.03	10.35	8.59	3.15	49	9.07	6.80	5.78	2.36
50	13.27	9.58	7.88	2.97	50	8.57	6.29	5.33	2.20
51	12.50	8.81	7.16	2.78	51	8.07	5.78	4.87	2.04
52	11.79	8.08	6.49	2.61	52	7.61	5.31	4.44	1.90
53	11.19	7.48	5.93	2.46	53	7.22	4.91	4.09	1.77
54	10.76	7.05	5.54	2.36	54	6.94	4.63	3.83	1.69
55	10.56	6.86	5.36	2.32	55	6.81	4.50	3.72	1.65
56	9.95	6.41	4.95	2.28	56	6.42	4.20	3.44	1.62
57	8.69	5.48	4.11	2.20	57	5.60	3.60	2.86	1.55
58	7.23	4.42	3.15	2.12	58	4.66	2.90	2.19	1.49
59	6.03	3.55	2.36	2.06	59	3.89	2.33	1.64	1.44
60	5.55	3.20	2.04	2.04	60	3.58	2.10	1.42	1.42

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 4M - FEMALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	12.91	11.40	10.08	3.00	18-25	8.64	7.74	6.86	2.27
26	13.19	11.61	10.29	3.05	26	8.84	7.89	6.99	2.31
27	13.69	11.96	10.65	3.14	27	9.20	8.13	7.22	2.38
28	14.36	12.42	11.12	3.25	28	9.67	8.45	7.53	2.48
29	15.13	12.95	11.67	3.38	29	10.22	8.82	7.87	2.58
30	15.95	13.50	12.25	3.51	30	10.81	9.21	8.24	2.69
31	16.75	14.05	12.82	3.64	31	11.39	9.59	8.60	2.80
32	17.49	14.54	13.34	3.76	32	11.92	9.94	8.92	2.90
33	18.10	14.95	13.77	3.86	33	12.36	10.23	9.19	2.99
34	18.53	15.24	14.06	3.93	34	12.66	10.43	9.38	3.04
35	18.72	15.36	14.19	3.96	35	12.79	10.51	9.46	3.07
36	18.90	15.45	14.27	4.00	36	12.88	10.55	9.50	3.10
37	19.29	15.66	14.43	4.08	37	13.06	10.64	9.58	3.15
38	19.85	15.95	14.65	4.19	38	13.32	10.76	9.69	3.23
39	20.52	16.29	14.91	4.32	39	13.62	10.90	9.82	3.33
40	21.24	16.65	15.19	4.47	40	13.94	11.05	9.95	3.43
41	21.95	17.01	15.46	4.62	41	14.26	11.19	10.09	3.53
42	22.59	17.33	15.70	4.75	42	14.55	11.32	10.20	3.62
43	23.12	17.59	15.90	4.85	43	14.78	11.42	10.30	3.70
44	23.47	17.76	16.02	4.93	44	14.94	11.48	10.35	3.74
45	23.58	17.80	16.04	4.95	45	14.98	11.49	10.36	3.76
46	23.29	17.55	15.78	4.90	46	14.80	11.33	10.20	3.72
47	22.55	16.93	15.13	4.76	47	14.33	10.93	9.80	3.60
48	21.46	16.03	14.19	4.56	48	13.65	10.36	9.22	3.43
49	20.14	14.93	13.05	4.31	49	12.83	9.66	8.52	3.23
50	18.70	13.74	11.80	4.05	50	11.94	8.90	7.75	3.01
51	17.26	12.54	10.55	3.78	51	11.03	8.14	6.99	2.79
52	15.92	11.43	9.39	3.53	52	10.20	7.43	6.27	2.58
53	14.79	10.49	8.43	3.33	53	9.50	6.84	5.68	2.41
54	14.00	9.83	7.74	3.18	54	9.00	6.42	5.26	2.29
55	13.64	9.54	7.44	3.12	55	8.78	6.23	5.07	2.24
56	12.83	8.90	6.86	3.07	56	8.26	5.82	4.68	2.19
57	11.20	7.62	5.69	2.99	57	7.21	4.98	3.88	2.11
58	9.32	6.14	4.36	2.91	58	6.00	4.01	2.97	2.02
59	7.78	4.93	3.27	2.85	59	5.01	3.23	2.23	1.95
60	7.17	4.45	2.83	2.83	60	4.62	2.91	1.93	1.93

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 4A - FEMALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	9.94	8.15	7.75	2.53	18-25	6.69	5.58	5.31	1.92
26	10.18	8.33	7.89	2.58	26	6.86	5.70	5.40	1.96
27	10.62	8.65	8.12	2.66	27	7.17	5.93	5.55	2.02
28	11.21	9.08	8.42	2.76	28	7.59	6.22	5.74	2.11
29	11.89	9.57	8.77	2.88	29	8.07	6.57	5.95	2.21
30	12.61	10.09	9.13	3.01	30	8.59	6.93	6.18	2.31
31	13.33	10.61	9.49	3.13	31	9.10	7.29	6.40	2.42
32	13.99	11.08	9.81	3.24	32	9.57	7.61	6.61	2.51
33	14.53	11.47	10.08	3.34	33	9.96	7.88	6.77	2.59
34	14.91	11.74	10.27	3.40	34	10.23	8.07	6.89	2.65
35	15.08	11.86	10.35	3.43	35	10.34	8.15	6.94	2.67
36	15.23	11.95	10.43	3.46	36	10.41	8.19	6.98	2.69
37	15.57	12.14	10.61	3.52	37	10.57	8.28	7.08	2.74
38	16.05	12.42	10.87	3.62	38	10.79	8.41	7.22	2.80
39	16.61	12.74	11.17	3.73	39	11.05	8.55	7.39	2.88
40	17.22	13.09	11.50	3.84	40	11.33	8.71	7.56	2.96
41	17.83	13.43	11.82	3.96	41	11.61	8.86	7.73	3.04
42	18.38	13.74	12.11	4.07	42	11.86	9.00	7.89	3.11
43	18.83	13.99	12.34	4.15	43	12.06	9.10	8.02	3.17
44	19.13	14.15	12.50	4.21	44	12.20	9.17	8.10	3.21
45	19.23	14.20	12.54	4.23	45	12.24	9.19	8.12	3.22
46	19.04	14.01	12.35	4.18	46	12.12	9.07	8.01	3.18
47	18.54	13.53	11.88	4.07	47	11.81	8.76	7.72	3.08
48	17.82	12.84	11.19	3.90	48	11.36	8.32	7.29	2.94
49	16.93	11.99	10.35	3.69	49	10.81	7.78	6.78	2.77
50	15.97	11.07	9.44	3.46	50	10.21	7.19	6.22	2.58
51	14.99	10.15	8.53	3.24	51	9.60	6.60	5.66	2.39
52	14.09	9.29	7.68	3.03	52	9.04	6.06	5.14	2.22
53	13.33	8.57	6.97	2.85	53	8.57	5.60	4.71	2.08
54	12.79	8.06	6.46	2.73	54	8.23	5.28	4.40	1.97
55	12.54	7.83	6.24	2.68	55	8.08	5.13	4.26	1.93
56	11.82	7.31	5.76	2.63	56	7.62	4.79	3.93	1.88
57	10.32	6.26	4.78	2.55	57	6.65	4.10	3.27	1.80
58	8.58	5.05	3.66	2.46	58	5.53	3.31	2.50	1.72
59	7.16	4.06	2.74	2.39	59	4.62	2.66	1.87	1.65
60	6.59	3.66	2.37	2.37	60	4.25	2.40	1.62	1.62

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 3M - FEMALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	13.23	12.00	11.04	3.77	18-25	8.73	7.92	7.29	2.79
26	13.53	12.25	11.28	3.84	26	8.94	8.08	7.43	2.84
27	14.05	12.68	11.69	3.95	27	9.33	8.36	7.68	2.91
28	14.76	13.25	12.25	4.09	28	9.84	8.73	8.01	3.00
29	15.57	13.90	12.88	4.25	29	10.44	9.15	8.38	3.11
30	16.43	14.59	13.56	4.42	30	11.08	9.60	8.78	3.21
31	17.29	15.28	14.22	4.59	31	11.71	10.04	9.17	3.32
32	18.07	15.90	14.83	4.74	32	12.28	10.44	9.52	3.42
33	18.72	16.41	15.33	4.86	33	12.76	10.78	9.82	3.50
34	19.17	16.77	15.68	4.95	34	13.09	11.01	10.02	3.56
35	19.37	16.92	15.82	4.99	35	13.23	11.10	10.10	3.58
36	19.56	17.00	15.87	5.02	36	13.32	11.13	10.12	3.60
37	19.99	17.16	15.96	5.08	37	13.50	11.20	10.15	3.63
38	20.59	17.39	16.08	5.17	38	13.76	11.29	10.19	3.68
39	21.31	17.65	16.22	5.28	39	14.06	11.38	10.23	3.74
40	22.09	17.93	16.36	5.39	40	14.38	11.49	10.27	3.80
41	22.86	18.20	16.50	5.51	41	14.70	11.59	10.31	3.86
42	23.56	18.45	16.62	5.61	42	14.99	11.68	10.34	3.92
43	24.13	18.64	16.71	5.69	43	15.22	11.74	10.36	3.96
44	24.51	18.77	16.76	5.74	44	15.38	11.79	10.37	3.99
45	24.64	18.80	16.76	5.76	45	15.42	11.79	10.36	4.00
46	24.40	18.59	16.51	5.70	46	15.24	11.66	10.21	3.95
47	23.76	18.08	15.90	5.54	47	14.80	11.33	9.83	3.83
48	22.82	17.32	15.01	5.31	48	14.14	10.85	9.29	3.66
49	21.69	16.40	13.93	5.03	49	13.35	10.28	8.63	3.45
50	20.45	15.41	12.76	4.72	50	12.49	9.65	7.92	3.23
51	19.20	14.40	11.58	4.42	51	11.62	9.02	7.20	3.00
52	18.04	13.47	10.49	4.14	52	10.82	8.43	6.54	2.79
53	17.06	12.69	9.58	3.90	53	10.14	7.94	5.98	2.61
54	16.37	12.13	8.93	3.74	54	9.66	7.59	5.59	2.49
55	16.06	11.88	8.64	3.67	55	9.45	7.43	5.41	2.44
56	15.24	11.17	8.00	3.63	56	8.96	6.99	5.01	2.40
57	13.56	9.71	6.70	3.58	57	7.97	6.07	4.20	2.33
58	11.62	8.02	5.21	3.53	58	6.83	5.01	3.26	2.26
59	10.03	6.63	3.98	3.50	59	5.90	4.15	2.50	2.21
60	9.40	6.08	3.49	3.49	60	5.53	3.80	2.19	2.19

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 3A - FEMALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	12.96	11.50	10.58	3.70	18-25	8.56	7.60	7.00	2.74
26	13.26	11.76	10.81	3.77	26	8.77	7.77	7.14	2.79
27	13.80	12.22	11.22	3.88	27	9.16	8.07	7.38	2.86
28	14.52	12.83	11.76	4.02	28	9.69	8.46	7.70	2.95
29	15.35	13.53	12.39	4.19	29	10.30	8.92	8.07	3.06
30	16.23	14.28	13.05	4.37	30	10.95	9.41	8.46	3.17
31	17.11	15.02	13.70	4.54	31	11.59	9.88	8.84	3.28
32	17.91	15.70	14.30	4.69	32	12.17	10.32	9.19	3.38
33	18.57	16.25	14.79	4.82	33	12.66	10.68	9.47	3.46
34	19.04	16.64	15.13	4.91	34	13.00	10.93	9.67	3.52
35	19.24	16.80	15.27	4.95	35	13.14	11.03	9.75	3.54
36	19.43	16.88	15.33	4.98	36	13.23	11.06	9.77	3.55
37	19.85	17.03	15.43	5.03	37	13.41	11.12	9.81	3.58
38	20.44	17.24	15.57	5.10	38	13.66	11.20	9.87	3.62
39	21.15	17.48	15.73	5.19	39	13.96	11.28	9.92	3.67
40	21.91	17.74	15.90	5.28	40	14.27	11.37	9.98	3.72
41	22.67	17.99	16.06	5.38	41	14.59	11.45	10.04	3.77
42	23.36	18.21	16.20	5.46	42	14.87	11.53	10.09	3.81
43	23.92	18.39	16.31	5.53	43	15.10	11.58	10.12	3.84
44	24.29	18.50	16.38	5.57	44	15.25	11.61	10.14	3.87
45	24.42	18.52	16.38	5.58	45	15.29	11.61	10.13	3.87
46	24.18	18.26	16.13	5.52	46	15.11	11.45	9.98	3.82
47	23.54	17.61	15.51	5.37	47	14.67	11.04	9.60	3.71
48	22.60	16.66	14.61	5.14	48	14.01	10.44	9.05	3.54
49	21.47	15.52	13.52	4.87	49	13.22	9.72	8.38	3.34
50	20.22	14.27	12.33	4.58	50	12.36	8.94	7.65	3.12
51	18.98	13.02	11.14	4.28	51	11.49	8.16	6.93	2.90
52	17.82	11.86	10.03	4.01	52	10.69	7.43	6.25	2.70
53	16.84	10.89	9.11	3.79	53	10.01	6.82	5.69	2.53
54	16.15	10.20	8.45	3.63	54	9.53	6.39	5.29	2.41
55	15.84	9.90	8.16	3.56	55	9.32	6.20	5.11	2.36
56	15.03	9.29	7.55	3.51	56	8.84	5.82	4.73	2.31
57	13.37	8.07	6.32	3.44	57	7.86	5.05	3.96	2.24
58	11.46	6.67	4.92	3.37	58	6.73	4.18	3.08	2.16
59	9.89	5.53	3.76	3.32	59	5.81	3.46	2.36	2.09
60	9.27	5.07	3.30	3.30	60	5.45	3.18	2.07	2.07

COST OF LIVING RIDER
RIDER FORM 11DCL-1
OCCUPATION CLASS 2A - FEMALE NONSMOKER
ANNUAL PREMIUMS PER \$100 MONTHLY INCOME

<u>BASIC POLICY</u>					<u>SIS</u>				
AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR	AGE	TO AGE 70	TO AGE 67	TO AGE 65	5 YEAR
18-25	17.93	16.50	15.36	5.04	18-25	10.79	9.93	9.11	3.57
26	18.32	16.81	15.63	5.13	26	11.01	10.11	9.27	3.63
27	19.01	17.33	16.07	5.29	27	11.38	10.43	9.53	3.73
28	19.93	18.02	16.64	5.49	28	11.88	10.83	9.86	3.85
29	20.99	18.80	17.29	5.72	29	12.45	11.30	10.24	3.99
30	22.12	19.62	17.97	5.96	30	13.05	11.79	10.64	4.14
31	23.23	20.43	18.64	6.20	31	13.64	12.27	11.03	4.29
32	24.25	21.17	19.25	6.42	32	14.18	12.70	11.39	4.42
33	25.10	21.77	19.75	6.60	33	14.63	13.06	11.68	4.52
34	25.69	22.19	20.10	6.72	34	14.94	13.31	11.88	4.60
35	25.95	22.37	20.24	6.77	35	15.08	13.41	11.96	4.63
36	26.20	22.45	20.29	6.79	36	15.20	13.43	11.98	4.64
37	26.78	22.62	20.40	6.83	37	15.45	13.46	12.01	4.66
38	27.58	22.85	20.53	6.88	38	15.82	13.50	12.04	4.68
39	28.54	23.12	20.68	6.94	39	16.25	13.54	12.07	4.70
40	29.58	23.40	20.85	7.01	40	16.71	13.57	12.11	4.72
41	30.60	23.67	21.00	7.07	41	17.16	13.61	12.14	4.74
42	31.53	23.91	21.13	7.13	42	17.58	13.63	12.16	4.76
43	32.29	24.11	21.23	7.17	43	17.91	13.64	12.18	4.78
44	32.79	24.22	21.29	7.20	44	18.13	13.65	12.18	4.78
45	32.96	24.24	21.28	7.20	45	18.20	13.63	12.16	4.78
46	32.56	23.93	20.96	7.12	46	17.98	13.45	11.98	4.72
47	31.53	23.14	20.18	6.92	47	17.41	13.01	11.54	4.57
48	30.03	22.00	19.03	6.63	48	16.58	12.36	10.89	4.35
49	28.21	20.62	17.65	6.28	49	15.57	11.59	10.12	4.08
50	26.22	19.12	16.15	5.90	50	14.47	10.74	9.27	3.79
51	24.22	17.62	14.64	5.52	51	13.36	9.89	8.42	3.51
52	22.37	16.22	13.24	5.17	52	12.34	9.11	7.64	3.24
53	20.82	15.05	12.07	4.88	53	11.49	8.45	6.98	3.02
54	19.73	14.23	11.25	4.68	54	10.88	7.99	6.52	2.86
55	19.25	13.86	10.88	4.60	55	10.62	7.78	6.31	2.80
56	18.42	13.13	10.14	4.62	56	10.16	7.37	5.88	2.80
57	16.79	11.66	8.66	4.72	57	9.26	6.55	5.02	2.82
58	14.94	9.99	6.96	4.85	58	8.24	5.61	4.04	2.85
59	13.44	8.62	5.58	4.96	59	7.41	4.84	3.23	2.89
60	12.85	8.08	5.02	5.02	60	7.09	4.54	2.91	2.91

GUARANTEED PHYSICAL INSURABILITY RIDER
 RIDER FORM 11DGP-1
 PREMIUM RATES ARE EXPRESSED AS A PERCENTAGE OF THE BASE POLICY RATES
 PLUS THE RATES FOR ANY APPLICABLE RIDERS

AGE	All Classes		
	20%	15%	10%
18-25			
26	20	15	10
27	20	15	10
28	21	15	10
29	21	15	10
30	21	16	10
31	22	16	10
32	22	16	10
33	22	16	11
34	23	17	11
35	23	17	11
36	23	17	11
37	24	17	11
38	24	18	12
39	25	18	12
40	25	18	12
41	26	19	12
42	27	19	13
43	28	20	13
44	29	20	13
45	30	21	14
46	31	21	14
47	32	22	14
48	33	22	15
49	34	23	15
50	35	24	16

<i>SERFF Tracking Number:</i>	<i>ONFS-127140965</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio National Life Assurance Corporation</i>	<i>State Tracking Number:</i>	<i>48910</i>
<i>Company Tracking Number:</i>	<i>FORM 11DI-1, ET AL</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.008 Combined Short Term and Long Term - Unrelated to marketing with employer or association groups</i>
<i>Product Name:</i>	<i>2011 Disability Income</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/23/2011
Comments:			
Attachment:			
Flesch Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	06/23/2011
Bypass Reason:	A new application is submitted for approval under the Form Schedule tab.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	06/23/2011
Comments:			
Attachments:			
Exhibit 1.pdf			
Actuarial Memo for 11DI-1.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	06/23/2011
Comments:			
Attachments:			
Form 1101_1.pdf			
Form 1101_2.pdf			

	Item Status:	Status
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SERFF Tracking Number: ONFS-127140965 State: Arkansas
Filing Company: Ohio National Life Assurance Corporation State Tracking Number: 48910
Company Tracking Number: FORM 11DI-1, ET AL
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.008 Combined Short Term and Long Term -
Unrelated to marketing with employer or
association groups

Product Name: 2011 Disability Income

Project Name/Number: /

Satisfied - Item: Statement of Variability and Annotated Spec Pages **Item Status:** Approved-Closed **Date:** 06/23/2011

Comments:

Attachments:

Spec Page - Level 1 Annotated .pdf

Spec Page - Step 1 Annotated.pdf

Statement of Variability.pdf

Satisfied - Item: Rule and Reg 19 Certification **Item Status:** Approved-Closed **Date:** 06/23/2011

Comments:

Attachment:

Ark19.pdf

FLESCH CERTIFICATION

STATE OF OHIO)
) SS
COUNTY OF HAMILTON)

The undersigned officer of OHIO NATIONAL LIFE ASSURANCE CORPORATION certifies:

1. The number of words and Flesch reading ease test score in the forms are as follows:

<u>Policy Forms</u>	<u>No. of Words</u>	<u>Flesch</u>
11DI-1	5694	56
 <u>Rider Forms</u>		
11DCL-1	438	50
11DGP-1	844	51
11DSI-1	689	55

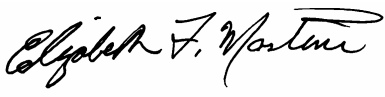
The following Endorsements and Application and the base policy forms were scored together because the policy endorsements modify and become a part of the policy. The combined Flesch Reading Ease Test Score exceeds the minimum.

Endorsements and Application
11DMD-2
6465-AR

2. Such forms are printed in not less than ten point type, one point leaded.
3. No textual language or terminology was excepted in arriving at said Flesch score.
4. The entire text of the forms was analyzed.

IN WITNESS WHEREOF, I have signed my name this 26 day of May, 2011.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

BY: 

Elizabeth F. Martini
Vice President and Counsel

Ohio National Life Assurance Corporation/Cincinnati**P. O. Box 237, Cincinnati, Ohio 45201****Disability Income Protection Coverage****Form 11DI-1****Outline of Coverage****Retain This for Your Records**

(Return One Signed Copy To The Home Office)

- (1) **Read Your Policy Carefully.** This Outline of Coverage briefly describes the important features of your policy. This is not your insurance policy. Only the policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Remember, if you are not satisfied with your policy, you have 20 days to return it to Ohio National and get your money back.
- (2) **Disability Income Protection Coverage** is designed to cover you for disabilities resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, medical, surgical or major-medical expenses.

(3) Benefits	Base Monthly Benefit	Elimination Period	Maximum Benefit Period
Basic Policy	\$4,500 per month	90 Days	To Age 65
Waiver of Premium	If Totally Disabled at least 90 days or the Elimination Period, if shorter.		
Cosmetic or Transplant Surgery	Disability caused by surgery: (a) to restore your appearance due to Injury or related surgery; or (b) to enable you to donate one of your bodily organs to someone else.		
Rehabilitation Benefits	Additional benefits may be paid if you take part in a rehabilitation program approved by us.		
Presumptive Disability	For complete and irrecoverable loss of sight, hearing, speech, or 2 hands or feet.		
Residual Disability	Benefits are paid if you can work but show a loss of 20% or more of your pre-disability earnings.		
Basic Policy Level Premium	Annual Premium	\$1,590.50	

(4) Policy Exclusions and Limitations. No Base Monthly Benefit is paid if:

- (a) Disability is due to war or act of war, declared or undeclared, or is related to military service; (2) you are incarcerated; (3) your committing or attempting to commit a felony or your being engaged in an illegal occupation; (4) the disability was caused by an intentionally self-inflicted injury; (5) your license has been suspended or revoked; or (6) the cause of the disability has been excluded by use of an Exclusion Rider.

Pre-existing Conditions are not covered if:

- (a) Disability is due to a sickness or a physical or mental condition for which medical advice or treatment was recommended by, or received from, a physician; and
- (b) Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (c) you misrepresented or failed to reveal the condition on your application.

Time Limit on Our Defenses

After the policy has been in force for 2 years and for 2 years after a reinstatement, only fraudulent misstatements on an application can be used to void your policy or to deny a claim for disability. No claim for a Disability that starts after such 2 years will be reduced or denied unless the policy excludes the cause of Disability by name, or there were fraudulent misstatements on your application.

(5) Optional Benefits

Premium

☐ **Cost of Living Increase Rider – Form 11DCL-1**

\$362.25

If you are disabled, the Base Monthly Benefit is increased each year to cover an increase in the cost of living.

☐ **Guarantee of Physical Insurability Rider - Form 11DGP-1**

\$247.05

You may buy additional Disability Income coverage on any policy anniversary without proving that you can be medically insured. The Increased Amount must be at least \$100. You may not have an Increased Amount that will give you more than our maximum Disability Income issue limit.

☐ **Social Insurance Supplement Rider – Form 11DSI-1**

\$276.40

We will pay Extra Income if: (1) you are not receiving Social Income or the Social Income you receive is less than the Social Insurance Supplement Income; (2) you are still Disabled; (3) Income is being paid under the basic policy; and (4) you are not yet Age 65. You must prove that you have been denied Social Income and have appealed that denial.

(6) Renewal Provisions. As long as you pay premiums, we cannot cancel your policy. You may renew it to Age 65. Until then, we cannot raise the rates.

You can renew your policy after Age 65 to Age 75 with a two year Benefit Period if you continue to work at least 30 hours a week. You can renew your policy after Age 75 for life with a one year Benefit Period, if you continue to work at least 30 hours a week. (Any rate change after Age 65 will be based on your attained age, and your risk class and sex as of the policy date.)

(7) Level Annual Premium* \$2,476.20

Grace Period: 31 Days

*Includes \$75.00 policy fee.

I received this Outline of Coverage on _____

Applicant _____

I certify that the above information is complete and accurate and that I have explained each item to the Applicant.

Licensed Resident Agent _____

Local telephone number: _____

Ohio National Life Assurance Corporation/Cincinnati**P. O. Box 237, Cincinnati, Ohio 45201****Disability Income Protection Coverage****Form 11DI-2****Outline of Coverage****Retain This for Your Records**

(Return One Signed Copy To The Home Office)

- (1) Read Your Policy Carefully.** This Outline of Coverage briefly describes the important features of your policy. This is not your insurance policy. Only the policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Remember, if you are not satisfied with your policy, you have 20 days to return it to Ohio National and get your money back.
- (2) Disability Income Protection Coverage** is designed to cover you for disabilities resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, medical, surgical or major-medical expenses.

(3) Benefits	Base Monthly Benefit	Elimination Period	Maximum Benefit Period
Basic Policy	\$4,500 per month	90 Days	To Age 65
Waiver of Premium	If Totally Disabled at least 90 days or the Elimination Period, if shorter.		
Cosmetic or Transplant Surgery	Disability caused by surgery: (a) to restore your appearance due to Injury or related surgery; or (b) to enable you to donate one of your bodily organs to someone else.		
Rehabilitation Benefits	Additional benefits may be paid if you take part in a rehabilitation program approved by us.		
Presumptive Disability	For complete and irrecoverable loss of sight, hearing, speech, or 2 hands or feet.		
Basic Policy Level Premium	Annual Premium	\$967.70	

(4) Policy Exclusions and Limitations. No Base Monthly Benefit is paid if:

- (a) Disability is due to war or act of war, declared or undeclared, or is related to military service;
- (2) you are incarcerated;
- (3) your committing or attempting to commit a felony or your being engaged in an illegal occupation;
- (4) the disability was caused by an intentionally self-inflicted injury;
- (5) your license has been suspended or revoked; or
- (6) the cause of the disability has been excluded by use of an Exclusion Rider.

Pre-existing Conditions are not covered if:

- (a) Disability is due to a sickness or a physical or mental condition for which medical advice or treatment was recommended by, or received from, a physician; and
- (b) Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (c) you misrepresented or failed to reveal the condition in your application.

Time Limit on Our Defenses

After the policy has been in force for 2 years and for 2 years after a reinstatement, only fraudulent misstatements on an application can be used to void your policy or to deny a claim for disability. No claim for a Disability that starts after such 2 years will be reduced or denied unless the policy excludes the cause of Disability by name, or there were fraudulent misstatements on your application.

(5) Optional Benefits

Premium

- ☐ **Cost of Living Increase Rider – Form 11DCL-1** \$269.10
If you are disabled, the Base Monthly Benefit is increased each year to cover an increase in the cost of living.
- ☐ **Guarantee of Physical Insurability Rider - Form 11DGP-1** \$184.95
You may buy additional Disability Income coverage on any policy anniversary without proving that you can be medically insured. The Increased Amount must be at least \$100. You may not have an Increased Amount that will give you more than our maximum Disability Income issue limit.
- ☐ **Social Insurance Supplement Rider – Form 11DSI-1** \$207.10
We will pay Extra Income if: (1) you are not receiving Social Income or the Social Income you receive is less than the Social Insurance Supplement Income; (2) you are still Disabled; (3) Income is being paid under the basic policy; and (4) you are not yet Age 65. You must prove that you have been denied Social Income and have appealed that denial.
- ☐ **Residual Disability Rider – Form 11DRI-1** \$217.80
Benefits are paid if you can work but show a loss of 20% or more of your predisability earnings.

(6) Renewal Provisions. As long as you pay premiums, we cannot cancel your policy. You may renew it to Age 65. Until then, we cannot raise the rates.
You can renew your policy after Age 65 to Age 75 with a two year Benefit Period if you continue to work at least 30 hours a week. You can renew your policy after Age 75 for life with a one year Benefit Period, if you continue to work at least 30 hours a week. (Any rate change after Age 65 will be based on your attained age, and your risk class and sex as of the policy date.)

(7) Level Annual Premium* \$1,846.65

Grace Period: 31 Days

*Includes \$75.00 policy fee.

I received this Outline of Coverage on _____

Applicant _____

I certify that the above information is complete and accurate and that I have explained each item to the Applicant.

Licensed Resident Agent _____

Local telephone number: _____

Policy Specifications

Benefit Specifications

Premium Specifications

Benefit Amounts Per Mo.	Description Of Benefits	Premium	Payable	Number
\$[4,000] A	Base Monthly Benefit Elimination Period - [90 Days] Maximum Benefit Period – [To Age 65] B E	\$[1431.00] C	[30] D	11DI-1
	Waiver of Premium After Disability--See Benefit Description F			
Additional Benefit Agreements				
\$[1,000] G	Social Insurance Supplement Rider Elimination Period - [90 Days] Maximum Benefit Period – [To Age 65] H K	\$[276.40] I	[30] J	11DSI-1
	Guarantee of Physical Insurability Rider Maximum Increase Amount [8000] L	\$[128.80] M	[25] N	11DGP-1
	Cost of Living Rider	\$[379.20] O	[30] P	11DCL-1

Policy Number	Policy Date	Issue Date	Expiration Date
H6000000	Oct 18 2011	Oct 18 2011	Oct 18 2041
Insured		Issue Age & Sex	
John Doe		35	Male
Owner			
The Insured			
Total Premium			
Annual	Semiannual	Quarterly	
\$[2215.40] U	\$[1135.39] W	\$[581.54] X	

Policy Specifications

Benefit Specifications

Premium Specifications

Benefit Amounts Per Mo.	Description Of Benefits	Premium	Payable	Number
\$[4,000] A	Base Monthly Benefit Elimination Period - [90 Days] Maximum Benefit Period – [To Age 65] E	\$[1254.72] C	First [5] D	11DI-1
	Waiver of Premium After Disability--See Benefit Description F			

Additional Benefit Agreements

\$[1,000] G	Social Insurance Supplement Rider Elimination Period - [90 Days] Maximum Benefit Period – [To Age 65] K	\$[240.47] I	First [5] J	11DSI-1
	Guarantee of Physical Insurability Rider Maximum Increase Amount L	\$[112.06] M	First [5] N	11DGP-1
	Cost of Living Rider	\$[329.90] O	First [5] P	11DCL-1
	Ultimate Premium (Includes All Option Benefits)	\$[2564.72] S	Next [25] T	

Policy Number	Policy Date	Issue Date	Expiration Date
H6000000	Oct 18 2011	Oct 18 2011	Oct 18 2041

Insured	Issue Age & Sex
John Doe	35 Male

Owner

The Insured

Total Premium

Annual		Semiannual	Quarterly
\$[1937.15]	1st 5 Years	\$[992.79]	\$[508.50]
\$[2564.72]	Next [25] Years V	\$[1314.42] W	\$[673.24] X

Statement of Variability

This statement is applicable to specifications page 3 of the Disability Income Policy Form 11DI-1.

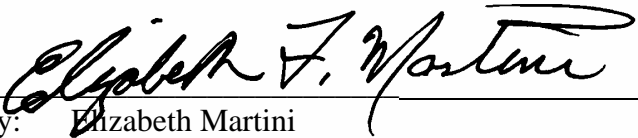
- A.** Base Monthly Benefit: \$100 - \$20,000
- B.** Base Elimination Period: 60 Days; 90 Days; 180 Days; 365 Days
- C.** Base Premium: Based On Coverage Chosen By Insured
- D.** Base Premium Years Payable: Based On Insured's Age & Coverage Chosen
- E.** Base Maximum Benefit Period: 2 years; 5 years; to age 65; to age 67; to age 70
- F.** Waiver Of Premium: 60 days; 90 days
- G.** Social Insurance Supplement (SIS) Rider Benefit Amount: \$100 - \$5,000
- H.** SIS Elimination Period: 60 day; 90 day; 180 day; 365 day
- I.** SIS Premium: Based On Coverage Chosen By Insured
- J.** SIS Premium Years Payable: Based On Insured's Age & Coverage Chosen
- K.** SIS Maximum Benefit Period: 2 years; 5 years; to age 65; to age 67; to age 70
- L.** Guarantee Of Physical Insurability (GPI) Rider Benefit Amount: \$100 - \$15,000
- M.** GPI Premium: Based On Coverage Chosen By Insured
- N.** GPI Premium Years Payable: Based On Insured's Age & Coverage Chosen
- O.** Cost Of Living (COL) Rider Premium: Based On Coverage Chosen By Insured
- P.** COL Premium Years Payable: Based On Insured's Age & Coverage Chosen
- S.** ^Ultimate Premium: Based On Coverage Chosen By Insured
- T.** ^Ultimate Premium Years Payable: Based On Insured's Age & Coverage Chosen
- U.** Total Annual Premium: Based On Insured's Age & Coverage Chosen
- V.** ^Step Rate Premium Years: Based On Insured's Age & Coverage Chosen
- W.** Total Semiannual Premium: $.5125 * \text{Total Annual Premium}$
- X.** Quarterly Annual Premium: $.2625 * \text{Total Annual Premium}$

^Applicable to Step Rate Premium Mode

CERTIFICATE OF COMPLIANCE

ARKANSAS RULE AND REGULATION 19

I, Elizabeth Martini, Vice President and Counsel for Ohio National Life Assurance Corporation, do hereby certify that I have carefully reviewed the policy forms submitted herein, and to the best of my knowledge find that they are in compliance with Arkansas Rule and Regulation 19 regarding Unfair Sex Discrimination In The Sale of Insurance as well as all applicable requirements of the Arkansas Department.


By: Elizabeth Martini
Vice President and Counsel

Date: May 26, 2011

